837 Health Care Claim

Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Notes:

This implementation guide is intended for use by physicians, other professional providers, clinical labs, and ambulance companies.

In the transaction set implementation table (below) the "loop repeat" column indicates the maximum number of repititions for each loop. Unused loops are not shown.

Within the table, for each segment, the Required Designation (Req. Des.) column indicates whether the segment is Mandatory (M), Conditional (C), or Optional (O). The Maximum Use column indicates the maximum number of repititions for each segment. Unused segments are not shown.

The same information is shown in the body of the document, near the top of the page that begines each segment. "Usage" may be Mandatory, Conditional, or Optional. "Max Use" indicates the maximum number of repititions for each segment.

Note that optional loops and segments are documented here only for compatibility with other carriers, such as Medicare Part B.

For each data element (in the body of the document), the leftmost column indicates usage as follows:

      M - Mandatory
      (blank) - Conditional (recommended)
      X - Not Used

Heading:

Page No.	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
6	005	ST	Transaction Set Header	M	1		
7	010	BGN	Beginning Segment	M	1		
8	015	REF	Version Number	M	1		
			LOOP ID - 1000			1	
9	020	NM1	Submitter Name and ID	M	1		
10	030	N3	Submitter Address	O	1		

11	035	N4	Submitter City, State, ZIP	O	1		
12	045	PER	Submitter Contact	O	1		
			LOOP ID - 1001			1	
13	020	NM1	Receiver Name	M	1		

Detail:

Page No.	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
			LOOP ID - 2000			1000	
14	005	PRV	Billing Provider	M	1		
			LOOP ID - 2010			1	
15	015	NM1	Billing Provider Name	M	1		
16	025	N3	Billing Provider Address	O	1		
17	030	N4	Billing Provider City, State, ZIP	O	1		
18	035	REF	Provider's Batch Identification	O	1		
19	040	PER	Billing Provider Telephone Number	O	1		
			LOOP ID - 2011			1	
20	015	NM1	Pay-to Provider	O	1		
21	025	N3	Pay-to Provider Address	O	1		
22	030	N4	Pay-to Provider City, State, ZIP	O	1		
23	040	PER	Pay-to Provider Phone	O	1		
			LOOP ID - 2100			99999	
24	045	SBR	Medicaid Primary / Secondary Indicator	M	1		
			LOOP ID - 2110			1	
25	055	NM1	Participating Plan	C	1		
			LOOP ID - 2200			1	
26	090	PAT	Patient Information	M	1		
			LOOP ID - 2210			1	
27	095	NM1	Patient Name	M	1		
28	105	N3	Patient Address	O	1		
29	110	N4	Patient City, State, ZIP	O	1		
30	115	DMG	Patient Demographic Information	M	1		
31	120	PER	Patient Telephone Number	O	1		
32	125	REF	Patient Medicaid ID	M	1		
			LOOP ID - 2211			1	
33	095	NM1	Legal Representative	O	1		
34	105	N3	Legal Representative Address	O	2		
35	110	N4	Legal Representative City, State, ZIP	O	1		
36	120	PER	Legal Representative Telephone Number	O	2		
			LOOP ID - 2300			100	
37	130	CLM	Health Claim	M	1		
41	135	DTP	Provider Signature Date	M	150		
42	135	DTP	Admission Date	C	1		
43	135	DTP	Discharge Date	C	1		
44	135	DTP	Date Last Seen	O	1		
45	135	DTP	Illness Date	O	1		
46	135	DTP	Accident Date	C	1		
47	135	DTP	Release of Information Date	O	1		
48	135	DTP	Last Menstrual Period Date	O	1		

49	135	DTP	First Consulted Date	O	1
50	135	DTP	Additional Documentation Sent Date	O	1
51	135	DTP	Admission Date2	O	1
52	135	DTP	Discharge Date2	O	1
53	135	DTP	Disability Begin Date	O	1
54	135	DTP	Disability End Date	O	1
55	135	DTP	Date Care Assumed	C	1
56	155	PWK	Paperwork	C	10
58	175	AMT	Patient Amount Paid	C	1
59	175	AMT	Patient Balance Due	O	1
60	175	AMT	Laboratory Charges	O	1
61	180	REF	Prior Authorization Number	C	1
62	180	REF	Investigational Device Exemption Number	O	1
63	180	REF	Medicare Demonstration Number	O	1
64	180	REF	Original Reference Number	C	1
65	180	REF	Claim Identification Number for Clearing Houses	C	1
66	180	REF	Medical Record Number	O	1
67	185	NTE	Extra Narrative Data	C	1
68	231	HI	Health Care Information Codes	M	25
73	245	LS	Loop Header	C	1

			LOOP ID - 2310			1
74	250	NM1	Facility Name	C	1	
75	265	N3	Facility Address	O	1	
76	270	N4	Facility City, State, ZIP	O	1	

			LOOP ID - 2311			1
77	250	NM1	Referring Provider Name	C	1	
78	270	N4	Referring Provider City, State, ZIP	O	1	
79	271	REF	Referring Provider Medicaid ID	C	1	

			LOOP ID - 2312			1
80	250	NM1	Rendering Provider Name	O	1	
81	270	N4	Rendering Provider City, State, ZIP	O	1	
82	271	REF	Rendering Provider Medicaid ID	O	1	

			LOOP ID - 2313			1
83	250	NM1	Purchased Service Provider Name	O	1	
84	265	N3	Purchased Service Provider Address	O	1	
85	270	N4	Purchased Service Provider City, State, ZIP	O	1	

			LOOP ID - 2314			1
86	250	NM1	Supervising Provider Name	O	1	
87	270	N4	Supervising Provider City, State, ZIP	O	1	
88	271	REF	Supervising Provider Medicaid ID	O	1	

			LOOP ID - 2315			1
89	250	NM1	Ambulance EMT or Paramedic Name	O	1	

			LOOP ID - 2316			1
90	250	NM1	Care Plan Oversight Provider	O	1	

| 91 | 280 | LE | Loop Trailer | C | 1 |
| 92 | 285 | LS | Loop Header | O | 1 |

			LOOP ID - 2320			3
93	290	SBR	Additional Payer Information	C	1	

95	300	AMT	Payer Allowed Amount	C	1		
96	300	AMT	Payer Amount Paid	C	1		
97	300	AMT	Payer Disallowed Cost Containment	C	1		
98	300	AMT	Payer Disallowed Other	C	1		
99	300	AMT	Deductible Amount	C	1		
100	300	AMT	Coinsurance Amount	C	1		
101	305	DMG	Other Insured Date of Birth and Sex	C	1		
102	310	OI	Payer Type of Insurance	C	1		
			LOOP ID - 2330			1	
103	325	NM1	Additional Payer Name	C	1		
104	332	N3	Additional Payer Address	O	2		
105	340	N4	Additional Payer City, State, ZIP	O	1		
			LOOP ID - 2331			1	
106	325	NM1	Other Insured Name	C	1		
107	332	N3	Other Insured Address	C	2		
108	340	N4	Other Insured City, State, ZIP	C	1		
109	345	PER	Other Insured Phone	O	2		
110	350	DTP	Insured Retirement Date	O	9		
			LOOP ID - 2332			1	
111	325	NM1	Employer Name	C	1		
112	360	LE	Loop Trailer	C	1		
			LOOP ID - 2400			44	
113	365	LX	Assigned Number	M	1		
114	370	SV1	Professional Service	C	1		
118	405	SV6	Anesthesia Service	C	1		
121	415	HI	Health Care Information Codes	O	25		
125	425	CR1	Ambulance Certification	C	1		
127	430	CR2	Chiropractic Certification	O	1		
129	450	CRC	Ambulance Conditions	O	3		
130	455	DTP	Service Date(s)	M	1		
131	455	DTP	Acute Manisfestation Date	O	1		
132	455	DTP	Initial Treatment Date	O	1		
133	455	DTP	Last X-Ray Date	O	1		
134	455	DTP	HGB/HCT Date	O	1		
135	455	DTP	Serum Creatinine Date	O	1		
136	462	MEA	Hemoglobin Test Results	O	1		
138	462	MEA	Hematocrit Results	O	1		
140	462	MEA	Creatinine Result	O	1		
142	462	MEA	Epoetin Therapy	O	1		
144	470	REF	Line Item Control Number	O	1		
145	470	REF	Mammography Certification Number	O	1		
146	470	REF	CLIA Number	C	1		
147	475	AMT	Paid Amount	C	1		
148	475	AMT	Allowed Amount	C	1		
149	475	AMT	Deductible Amount	C	1		
150	475	AMT	Co-Insurance Amount	C	1		
151	475	AMT	Disallowed Cost Containment	C	1		
152	475	AMT	Disallowed Other	C	1		
153	475	AMT	Obligated to Accept	O	1		
154	485	NTE	Extra Narrative Data	O	4		

155	490	PS1	Purchase Service	O	1	
156	495	LS	Loop Header	O	1	
			LOOP ID - 2420			1
157	500	NM1	Referring Provider Name	O	1	
158	520	N4	Referring Provider City, ST and ZIP	O	1	
159	525	REF	Referring Provider Medicaid ID	O	20	
			LOOP ID - 2421			1
160	500	NM1	Rendering Provider Name	O	1	
161	525	REF	Rendering Provider Medicaid ID	O	20	
			LOOP ID - 2422			1
162	500	NM1	Purchased Service Provider Name	C	1	
163	514	N3	Purchased Service Provider Address	O	1	
164	520	N4	Purchased Service Provider City, ST, and ZIP	O	1	
165	530	PER	Purchased Service Provider Telephone	O	1	
			LOOP ID - 2423			1
166	500	NM1	Supervising Provider Name	O	1	
			LOOP ID - 2424			1
167	500	NM1	Ordering Provider Name	O	1	
168	520	N4	Ordering Provider State	O	1	
			LOOP ID - 2425			1
169	500	NM1	Ambulance EMT or Paramedic Name	O	1	
170	535	LE	Loop Trailer	O	1	
171	555	SE	Transaction Set Trailer	M	1	

Segment:	**ST** Transaction Set Header				

Segment: **ST** Transaction Set Header

Position: 005

Loop:

Level: Heading

Usage: Mandatory

Max Use: 1

Purpose: To indicate the start of a transaction set and to assign a control number

Syntax Notes:

Semantic Notes: 1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	ST01	143	**Transaction Set Identifier Code**	M	ID 3/3

Code uniquely identifying a Transaction Set

837   X12.86 Health Care Claim

M	ST02	329	**Transaction Set Control Number**	M	AN 4/9

Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set
This value must match the value provided in SE02.

				Segment:	**BGN** Beginning Segment

Segment: **BGN** Beginning Segment
Position: 010
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the beginning of a transaction set
Syntax Notes: 1 If BGN05 is present, then BGN04 is required.
Semantic Notes: 1 BGN02 is the transaction set reference number.
2 BGN03 is the transaction set date.
3 BGN04 is the transaction set time.
4 BGN05 is the transaction set time qualifier.
5 BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	BGN01	353	**Transaction Set Purpose Code**	M	ID 2/2

Code identifying purpose of transaction set

    00   Original

M	BGN02	127	**Submission Number**	M	AN 1/30

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.
The batch number assigned by the submitter. (Five characters)

M	BGN03	373	**Creation Date**	M	DT 6/6

Date (YYMMDD)

Identifies the date the submitter created the file.

	BGN04	337	**Submission Time**	X	TM 4/8

Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)
Identifies the time of day that the submitter created this file.

X	BGN05	623	**Time Code**	O	ID 2/2

Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow

X	BGN06	127	**Reference Number**	O	AN 1/30

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.

X	BGN07	640	**Transaction Type Code**	O	ID 2/2

Code specifying the type of transaction

X	BGN08	306	**Action Code**	O	ID 1/2

Code indicating type of action

Segment:		**REF** Version Number		
Position:		015		
Loop:				
Level:		Heading		
Usage:		Mandatory		
Max Use:		1		
Purpose:		To specify identifying numbers.		
Syntax Notes:		**1** At least one of REF02 or REF03 is required.		
Semantic Notes:				
Comments:				

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	**REF01**	**128**	**Reference Number Qualifier**	**M**	**ID 2/3**
			Code qualifying the Reference Number.		
			F1	Version Code - National	
				Identifies the release of a set of information or requirements to distinguish from the previous or future sets that may differ; the release in question is on the national level	
M	**REF02**	**127**	**Implementation Guide Version Number**	**M**	**AN 1/30**
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier. Use "003051MIPR" for this version.		
X	**REF03**	**352**	**Description**	**X**	**AN 1/80**
			A free-form description to clarify the related data elements and their content		

<table>
<tr><td>**Segment:**</td><td colspan="2">**NM1** Submitter Name and ID</td></tr>
<tr><td>**Position:**</td><td colspan="2">020</td></tr>
<tr><td>**Loop:**</td><td>1000</td><td>Mandatory</td></tr>
<tr><td>**Level:**</td><td colspan="2">Heading</td></tr>
<tr><td>**Usage:**</td><td colspan="2">Mandatory</td></tr>
<tr><td>**Max Use:**</td><td colspan="2">1</td></tr>
<tr><td>**Purpose:**</td><td colspan="2">To supply the full name of an individual or organizational entity</td></tr>
<tr><td>**Syntax Notes:**</td><td>**1**</td><td>If either NM108 or NM109 is present, then the other is required.</td></tr>
<tr><td>**Semantic Notes:**</td><td>**1**</td><td>NM102 qualifies NM103.</td></tr>
<tr><td>**Comments:**</td><td colspan="2"></td></tr>
</table>

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	**ID 2/2**
			Code identifying an organizational entity, a physical location, or an individual		
			41 Submitter		
			Entity transmitting transaction set		
M	NM102	1065	**Entity Type Qualifier**	M	**ID 1/1**
			Code qualifying the type of entity		
			2 Non-Person Entity		
	NM103	1035	**Submitter Name**	O	**AN 1/35**
			Individual last name or organizational name		
			The name of the submitter to which the receiver should direct inquiries regarding this file.		
X	NM104	1036	**Name First**	O	**AN 1/25**
			Individual first name		
X	NM105	1037	**Name Middle**	O	**AN 1/25**
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	**AN 1/10**
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	**AN 1/10**
			Suffix to individual name		
M	NM108	66	**Identification Code Qualifier**	M	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			94 Code assigned by the organization that is the ultimate destination of the transaction set		
M	NM109	67	**Submitter Identifier**	M	**AN 2/20**
			Code identifying a party or other code		
			The four-character billing agent ID assigned by MDCH.		

Segment: **N3** **Submitter Address**
Position: 030
Loop: 1000 Mandatory
Level: Heading
Usage: Optional
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	N301	166	**Submitter Street Address 1**	M	AN 1/35
			Address information		
			The mailing address of the submitter of the claim file.		
	N302	166	**Submitter Street Address 2**	O	AN 1/35
			Address information		
			Additional mailing address of the submitter of the claim file.		

Segment:	**N4** Submitter City, State, ZIP
Position:	035
Loop:	1000 Mandatory
Level:	Heading
Usage:	Optional
Max Use:	1
Purpose:	To specify the geographic place of the named party
Syntax Notes:	1 If N406 is present, then N405 is required.
Semantic Notes:	
Comments:	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
	2 N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
	N401	19	**Submitter City**	O	**AN 2/30**
			Free-form text for city name		
			The city name of the submitter of the claim file.		
	N402	156	**Submitter State**	O	**ID 2/2**
			Code (Standard State/Province) as defined by appropriate government agency		
			See Appendix B for State Abbreviation Codes.		
	N403	116	**Submitter ZIP Code**	O	**ID 3/11**
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
			The ZIP Code of the submitter of the claim file.		
X	**N404**	26	**Country Code**	O	**ID 2/3**
			Code identifying the country		
	N405	309	**Location Qualifier**	X	**ID 1/2**
			Code identifying type of location		
			RJ Region		
	N406	310	**Submitter Region**	O	**AN 1/30**
			Code which identifies a specific location		
			A receiver defined field that identifies the region submitting the claim. To be used for future regional processing.		

Segment:		**PER** Submitter Contact		
Position:	045			
Loop:	1000	Mandatory		
Level:	Heading			
Usage:	Optional			
Max Use:	1			
Purpose:	To identify a person or office to whom administrative communications should be directed			
Syntax Notes:	**1**	If either PER03 or PER04 is present, then the other is required.		
	2	If either PER05 or PER06 is present, then the other is required.		
	3	If either PER07 or PER08 is present, then the other is required.		
Semantic Notes:				
Comments:				

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Data Element Summary

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	Ref. Des.	Data Element	Name	Attributes	
M	**PER01**	**366**	**Contact Function Code**	**M**	**ID 2/2**

Code identifying the major duty or responsibility of the person or group named

    SM   Submitting Contact

	Ref. Des.	Data Element	Name	Attributes	
	PER02	**93**	**Submitter Contact**	**O**	**AN 1/35**

Free-form name

Identifies an individual responsiblefor issues that may arise concerning this submission.

	Ref. Des.	Data Element	Name	Attributes	
	PER03	**365**	**Communication Number Qualifier**	**X**	**ID 2/2**

Code identifying the type of communication number

    TE   Telephone

	Ref. Des.	Data Element	Name	Attributes	
	PER04	**364**	**Submitter Telephone Number**	**X**	**AN 1/80**

Complete communications number including country or area code when applicable
The telephone number of the submitter of the claim file.

	Ref. Des.	Data Element	Name	Attributes	
X	**PER05**	**365**	**Communication Number Qualifier**	**X**	**ID 2/2**

Code identifying the type of communication number

	Ref. Des.	Data Element	Name	Attributes	
X	**PER06**	**364**	**Communication Number**	**X**	**AN 1/80**

Complete communications number including country or area code when applicable

	Ref. Des.	Data Element	Name	Attributes	
X	**PER07**	**365**	**Communication Number Qualifier**	**X**	**ID 2/2**

Code identifying the type of communication number

	Ref. Des.	Data Element	Name	Attributes	
X	**PER08**	**364**	**Communication Number**	**X**	**AN 1/80**

Complete communications number including country or area code when applicable

	Ref. Des.	Data Element	Name	Attributes	
	PER09	**443**	**Contact Inquiry Reference**	**O**	**AN 1/20**

Additional reference number or description to clarify a contact number

	Segment:	**NM1** Receiver Name			

Segment: **NM1** Receiver Name

Position:	020
Loop:	1001 Mandatory
Level:	Heading
Usage:	Mandatory
Max Use:	1
Purpose:	To supply the full name of an individual or organizational entity
Syntax Notes:	**1** If either NM108 or NM109 is present, then the other is required.
Semantic Notes:	**1** NM102 qualifies NM103.
Comments:	

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Data Element Summary

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	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	ID 2/2

Code identifying an organizational entity, a physical location, or an individual

     40   Receiver

                     Entity to accept transmission

M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1

Code qualifying the type of entity

     2   Non-Person Entity

	NM103	1035	**Receiver Name**	O	AN 1/35

Individual last name or organizational name

The name of the receiver of this file.

X	NM104	1036	**Name First**	O	AN 1/25

Individual first name

X	NM105	1037	**Name Middle**	O	AN 1/25

Individual middle name or initial

X	NM106	1038	**Name Prefix**	O	AN 1/10

Prefix to individual name

X	NM107	1039	**Name Suffix**	O	AN 1/10

Suffix to individual name

M	NM108	66	**Identification Code Qualifier**	M	ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

     94   Code assigned by the organization that is the ultimate destination of the transaction set

M	NM109	67	**Receiver Identifier**	M	AN 2/20

Code identifying a party or other code

Use "D00111" for MDCH.

	Ref. Des.	**Data Element**	**Name**		**Attributes**

Segment: **PRV** Billing Provider

Position:	005
Loop:	2000 Mandatory
Level:	Detail
Usage:	Mandatory
Max Use:	1
Purpose:	To specify the identifying characteristics of a provider
Syntax Notes:	1 If either PRV05 or PRV06 is present, then the other is required.
Semantic Notes:	1 PRV05 qualifies PRV06.
Comments:	
Notes:	The Billing Provider is the Rendering Provider for all service lines of all claims.

Data Element Summary

	Ref. Des.	**Data Element**	**Name**		**Attributes**
M	**PRV01**	**1221**	**Provider Code**	**M**	**ID 1/3**
			Code indentifying the type of provider		
			BI Billing		
M	**PRV02**	**128**	**Reference Number Qualifier**	**M**	**ID 2/3**
			Code qualifying the Reference Number.		
			1D Medicaid Provider Number		
			ZZ Mutually Defined		
			National Provider Identifier		
M	**PRV03**	**127**	**Provider Medicaid Number**	**M**	**AN 1/30**
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier. The 9-digit number assigned to the provider by MDCH for identification purposes. The first two digits indicate the provider type and the remaining seven digits indicate the specific provider.		
			This element must contain the National Provider Identifier (NPI) once the NPI is implemented.		
	PRV04	**156**	**State or Province Code**	**O**	**ID 2/2**
			Code (Standard State/Province) as defined by appropriate government agency		
			See Appendix B for State Abbreviation Codes.		
	PRV05	**559**	**Agency Qualifier Code**	**X**	**ID 2/2**
			Code identifying the agency assigning the code values		
			HC Health Care Financing Administration		
	PRV06	**1222**	**Provider Specialty Code**	**O**	**AN 1/3**
			Code indicating the primary specialty of the provider, as defined by the receiver		
	PRV07	**1223**	**Provider Organization Code**	**O**	**ID 3/3**
			Code identifying the organizational structure of a provider		

	Segment:	**NM1** Billing Provider Name

Segment: **NM1** Billing Provider Name
Position: 015
Loop: 2010   Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1   If either NM108 or NM109 is present, then the other is required.
Semantic Notes: 1   NM102 qualifies NM103.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	Entity Identifier Code	M	ID 2/2
			Code identifying an organizational entity, a physical location, or an individual		
			85 Billing Provider		
M	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			1 Person		
			2 Non-Person Entity		
	NM103	1035	Provider Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			The name of the group or organization submitting a claim for payment. The Last Name of the individual provider submitting a claim for payment.		
	NM104	1036	Provider First Name	O	AN 1/25
			Individual first name		
			The first name of the individual provider submitting a claim for payment.		
	NM105	1037	Provider Middle Initial	O	AN 1/25
			Individual middle name or initial		
			The Middle Initial of the individual provider submitting a claim for payment.		
X	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
X	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
M	NM108	66	Identification Code Qualifier	M	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
			24 Employer's Identification Number		
			34 Social Security Number		
M	NM109	67	Provider Federal Identifier	M	AN 2/20
			Code identifying a party or other code		

Segment: **N3** **Billing Provider Address**
Position: 025
Loop: 2010   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	N301	166	**Billing Provider Address 1**	M	**AN 1/35**
			Address information		
			The street address of the Billing Provider.		
	N302	166	**Billing Provider Address 2**	O	**AN 1/35**
			Address information		
			Additional street address of the billing provider.		

Segment:	**N4** Billing Provider City, State, ZIP

Position:	030
Loop:	2010 Mandatory
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify the geographic place of the named party
Syntax Notes:	1 If N406 is present, then N405 is required.
Semantic Notes:	
Comments:	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
	2 N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
	N401	**19**	**Billing Provider City**	**O**	**AN 2/30**
			Free-form text for city name		
			The city name of the billing provider.		
	N402	**156**	**Billing Provider State**	**O**	**ID 2/2**
			Code (Standard State/Province) as defined by appropriate government agency		
			See Appendix B for State Abbreviation Codes.		
	N403	**116**	**Billing Provider ZIP**	**O**	**ID 3/11**
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
			The ZIP Code of the Billing Provider.		
X	**N404**	**26**	**Country Code**	**O**	**ID 2/3**
			Code identifying the country		
	N405	**309**	**Location Qualifier**	**X**	**ID 1/2**
			Code identifying type of location		
			RJ Region		
	N406	**310**	**Billing Provider Region**	**O**	**AN 1/30**
			Code which identifies a specific location		
			A receiver defined field that identifies the region submitting the claim. To be used for future regional processing.		

Segment: **REF** Provider's Batch Identification

Position:	035
Loop:	2010 Mandatory
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify identifying numbers.
Syntax Notes:	1 At least one of REF02 or REF03 is required.
Semantic Notes:	
Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	REF01	128	**Reference Number Qualifier**	M ID 2/3

Code qualifying the Reference Number.

    BT   Batch Number

	REF02	127	**Batch Identification**	X AN 1/30

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.
The identifier assigned by the provider to identify a batch within his/her own system.

X	REF03	352	**Description**	X AN 1/80

A free-form description to clarify the related data elements and their content

			Segment:	**PER** Billing Provider Telephone Number

Segment: **PER** Billing Provider Telephone Number
Position: 040
Loop: 2010   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To identify a person or office to whom administrative communications should be directed
Syntax Notes: **1**   If either PER03 or PER04 is present, then the other is required.
               2   If either PER05 or PER06 is present, then the other is required.
               3   If either PER07 or PER08 is present, then the other is required.

Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	PER01	366	**Contact Function Code**	M	ID 2/2
			Code identifying the major duty or responsibility of the person or group named		
			PH Provider		
			Entity providing health care services		
X	PER02	93	**Name**	O	AN 1/35
			Free-form name		
	PER03	365	**Communication Number Qualifier**	X	ID 2/2
			Code identifying the type of communication number		
			TE Telephone		
	PER04	364	**Billing Provider Telephone Number**	X	AN 1/80
			Complete communications number including country or area code when applicable		
			The telephone number, including area code at which the the provider can be contacted.		
X	PER05	365	**Communication Number Qualifier**	X	ID 2/2
			Code identifying the type of communication number		
X	PER06	364	**Communication Number**	X	AN 1/80
			Complete communications number including country or area code when applicable		
X	PER07	365	**Communication Number Qualifier**	X	ID 2/2
			Code identifying the type of communication number		
X	PER08	364	**Communication Number**	X	AN 1/80
			Complete communications number including country or area code when applicable		
	PER09	443	**Contact Inquiry Reference**	O	AN 1/20
			Additional reference number or description to clarify a contact number		

Segment:	**NM1** Pay-to Provider				

Position: 015
Loop: 2011 Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.
Semantic Notes: 1 NM102 qualifies NM103.
Comments:
Notes: MDCH pays the billing provider, so this loop is not needed. Any information sent in this loop will be ignored.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	NM101	98	**Entity Identifier Code**	M	ID 2/2

Code identifying an organizational entity, a physical location, or an individual

Entity to accept transmission

    87   Pay-to Provider

M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1

Code qualifying the type of entity

    1   Person
    2   Non-Person Entity

	NM103	1035	**Pay-to Provider Name**	O	AN 1/35

Individual last name or organizational name

The name of the Provider to receive payment.

	NM104	1036	**Pay-to Provider First Name**	O	AN 1/25

Individual first name

	NM105	1037	**Pay-to Provider Middle Initial**	O	AN 1/25

Individual middle name or initial

X	NM106	1038	**Name Prefix**	O	AN 1/10

Prefix to individual name

X	NM107	1039	**Name Suffix**	O	AN 1/10

Suffix to individual name

M	NM108	66	**Identification Code Qualifier**	M	ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

A unique number assigned to each transmitter and software developer.

    94   Code assigned by the organization that is the ultimate destination of the transaction set

M	NM109	67	**Pay-to Provider Identifier**	M	AN 2/20

Code identifying a party or other code

Segment: **N3** **Pay-to Provider Address**
Position: 025
Loop: 2011 Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	N301	166	**Pay-to Provider Address 1**	M	AN 1/35
			Address information		
			The street address of the Pay-to Provider.		
	N302	166	**Pay-to Provider Address 2**	O	AN 1/35
			Address information		
			Additional street address of the Pay-to provider.		

					Segment:	**N4** Pay-to Provider City, State, ZIP

Segment: **N4** Pay-to Provider City, State, ZIP
Position: 030
Loop: 2011   Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1   If N406 is present, then N405 is required.
Semantic Notes:
Comments: 1   A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
         2   N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
	N401	19	**Pay-to Provider City**	O	AN 2/30
			Free-form text for city name		
			The city name of the Pay-to provider.		
	N402	156	**Pay-to Provider State**	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate government agency		
			See Appendix B for State Abbreviation Codes.		
	N403	116	**Pay-to Provider ZIP**	O	ID 3/11
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
			The ZIP Code of the Pay-to Provider.		
X	N404	26	**Country Code**	O	ID 2/3
			Code identifying the country		
X	N405	309	**Location Qualifier**	X	ID 1/2
			Code identifying type of location		
			RJ Region		
X	N406	310	**Location Identifier**	O	AN 1/30
			Code which identifies a specific location		

	Segment:	**PER** Pay-to Provider Phone
	Position:	040
	Loop:	2011 Optional
	Level:	Detail
	Usage:	Optional
	Max Use:	1
	Purpose:	To identify a person or office to whom administrative communications should be directed
	Syntax Notes:	1 If either PER03 or PER04 is present, then the other is required.
		2 If either PER05 or PER06 is present, then the other is required.
		3 If either PER07 or PER08 is present, then the other is required.
	Semantic Notes:	
	Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	PER01	366	**Contact Function Code**	M	ID 2/2
			Code identifying the major duty or responsibility of the person or group named		
			PH Provider		
			Entity providing health care services		
X	PER02	93	**Name**	O	AN 1/35
			Free-form name		
	PER03	365	**Communication Number Qualifier**	C	ID 2/2
			Code identifying the type of communication number		
			TE Telephone		
	PER04	364	**Pay-to Provider Telephone Number**	C	AN 1/80
			Complete communications number including country or area code when applicable		
			The telephone number, including area code at which the the provider can be contacted.		
X	PER05	365	**Communication Number Qualifier**	X	ID 2/2
			Code identifying the type of communication number		
X	PER06	364	**Communication Number**	X	AN 1/80
			Complete communications number including country or area code when applicable		
X	PER07	365	**Communication Number Qualifier**	X	ID 2/2
			Code identifying the type of communication number		
X	PER08	364	**Communication Number**	X	AN 1/80
			Complete communications number including country or area code when applicable		
	PER09	443	**Contact Inquiry Reference**	O	AN 1/20
			Additional reference number or description to clarify a contact number		

Segment:	**SBR** Medicaid Primary / Secondary Indicator		

Position: 045
Loop: 2100 Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To indicate whether Medicaid is the only payer on this claim.
Syntax Notes:
Semantic Notes:
1 SBR02 specifies the relationship to the person insured.
2 SBR03 is policy or group number.
3 SBR04 is plan name.
4 SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	SBR01	1138	**Medicaid Responsibility Sequence Number Code**	M ID 1/1

Code indentifying the insurance carrier's level of responsibility for a payment of a claim
Code identifying Medicaid's level of responsibility for payment of a claim.

	P		Primary

Use this when no other insurance applies.

	S		Secondary

Use this when patient has Medicare Part B, other insurance coverage, or any other source of payment.

	Ref. Des.	Data Element	Name	Attributes
X	SBR02	1069	**Individual Relationship Code**	O ID 2/2

Code indicating the relationship between two individuals or entities

X	SBR03	127	**Reference Number**	O AN 1/30

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.

X	SBR04	93	**Name**	O AN 1/35

Free-form name

	SBR05	1336	**Medicaid Secondary Type Code**	O ID 1/3

Code identifying the type of insurance policy within a specific insurance program
Not used if SBR01 is "P".
Required if SBR01 is "S".

	MB		Medicare Part B
	OT		Other

X	SBR06	1143	**Coordination of Benefits Code**	O ID 1/1

Code identifying whether there is a coordination of benefits

X	SBR07	1073	**Yes/No Condition or Response Code**	O ID 1/1

Code indicating a Yes or No condition or response

X	SBR08	584	**Employment Status Code**	O ID 2/2

Code showing the general employment status of an employee/claimant

X	SBR09	1032	**Claim Filing Indicator Code**	O ID 1/2

Code identifying type of claim

	Segment:	**NM1** Participating Plan
	Position:	055
	Loop:	2110 Conditional
	Level:	Detail
	Usage:	Conditional
	Max Use:	1
	Purpose:	To supply the full name of an individual or organizational entity
	Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
	Semantic Notes:	1 NM102 qualifies NM103.
	Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	NM101	98	**Entity Identifier Code**	M	**ID 2/2**
			Code identifying an organizational entity, a physical location, or an individual		
			P5 Plan Sponsor		
M	NM102	1065	**Entity Type Qualifier**	M	**ID 1/1**
			Code qualifying the type of entity		
			2 Non-Person Entity		
	NM103	1035	**Name Last or Organization Name**	O	**AN 1/35**
			Individual last name or organizational name		
	NM104	1036	**Name First**	O	**AN 1/25**
			Individual first name		
X	NM105	1037	**Name Middle**	O	**AN 1/25**
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	**AN 1/10**
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	**AN 1/10**
			Suffix to individual name		
M	NM108	66	**Identification Code Qualifier**	M	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			ZY Temporary Identification Number		
			A temporary ID to be used until a permanent ID is processed		
M	NM109	67	**Plan Number**	M	**AN 2/20**
			Code identifying a party or other code		
			Identifies the insurance plan.		

Segment:	**PAT** Patient Information		

Position: 090
Loop: 2200   Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To supply patient information
Syntax Notes: 1   If either PAT05 or PAT06 is present, then the other is required.
                  2   If either PAT07 or PAT08 is present, then the other is required.
Semantic Notes: 1   PAT06 is the date of death.
                  2   PAT08 is the patient's weight.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	PAT01	1069	**Individual Relationship Code**	M	**ID 2/2**

Code indicating the relationship between two individuals or entities

    18   Self

	Ref. Des.	Data Element	Name		Attributes
	PAT02	1384	**Patient Type of Residence**	O	**ID 1/1**

Code identifying the location where patient is receiving medical treatment

A code which indicates patient place of residence.

    P   Private Home
    R   Residential Treatment Facility
    S   Skilled Nursing Home
    T   Rest Home

	Ref. Des.	Data Element	Name		Attributes
	PAT03	584	**Patient Employment Status**	O	**ID 2/2**

Code showing the general employment status of an employee/claimant

A code indicating employment status of the patient.

    AC   Active
    NE   Not Employed

	Ref. Des.	Data Element	Name		Attributes
	PAT04	1220	**Patient Student Status**	O	**ID 1/1**

Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured

    F   Full-time
    N   Not a Student
    P   Part-time

	Ref. Des.	Data Element	Name		Attributes
	PAT05	1250	**Date Time Period Format Qualifier**	X	**ID 2/3**

Code indicating the date format, time format, or date and time format

    D8   Date Expressed in Format CCYYMMDD

	Ref. Des.	Data Element	Name		Attributes
	PAT06	1251	**Patient Date of Death**	X	**AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times

When the date of death is sent, the translator should generate a "D" in field CA0.20.

	Ref. Des.	Data Element	Name		Attributes
	PAT07	355	**Unit or Basis for Measurement Code**	X	**ID 2/2**

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

    50   Actual Kilograms

	Ref. Des.	Data Element	Name		Attributes
	PAT08	81	**Patient Weight**	X	**R 1/10**

Numeric value of weight

	Segment:	**NM1** Patient Name
	Position:	095
	Loop:	2210 Mandatory
	Level:	Detail
	Usage:	Mandatory
	Max Use:	1
	Purpose:	To supply the full name of an individual or organizational entity
	Syntax Notes:	**1** If either NM108 or NM109 is present, then the other is required.
	Semantic Notes:	**1** NM102 qualifies NM103.
	Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	**ID 2/2**
			Code identifying an organizational entity, a physical location, or an individual		
			QC Patient		
			Individual receiving medical care		
M	NM102	1065	**Entity Type Qualifier**	M	**ID 1/1**
			Code qualifying the type of entity		
			1 Person		
M	NM103	1035	**Patient Last Name**	M	**AN 1/35**
			Individual last name or organizational name		
			The last name of the individual to whom the services were provided.		
M	NM104	1036	**Patient First Name**	M	**AN 1/25**
			Individual first name		
			The first name of the individual to whom the services were provided.		
	NM105	1037	**Patient Middle Initial**	O	**AN 1/25**
			Individual middle name or initial		
			The middle initial of the individual to whom the services were provided.		
X	NM106	1038	**Name Prefix**	O	**AN 1/10**
			Prefix to individual name		
	NM107	1039	**Patient Generation**	O	**AN 1/10**
			Suffix to individual name		
			The generation of the patient, such as I, II, III, Jr., Sr.		
	NM108	66	**Identification Code Qualifier**	O	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			34 Social Security Number		
	NM109	67	**Patient Social Securtiy Number**	O	**AN 2/20**
			Code identifying a party or other code		

	Segment:	**N3** Patient Address	
	Position:	105	
	Loop:	2210 Mandatory	
	Level:	Detail	
	Usage:	Optional	
	Max Use:	1	
	Purpose:	To specify the location of the named party	
	Syntax Notes:		
	Semantic Notes:		
	Comments:		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	N301	166	**Patient Address 1**	M AN 1/35
			Address information	
			The mailing address of the patient.	
	N302	166	**Patient Address 2**	O AN 1/35
			Address information	
			Additional mailing address of the patient.	

	Segment:	**N4** Patient City, State, ZIP
	Position:	110
	Loop:	2210 Mandatory
	Level:	Detail
	Usage:	Optional
	Max Use:	1
	Purpose:	To specify the geographic place of the named party
	Syntax Notes:	1 If N406 is present, then N405 is required.
	Semantic Notes:	
	Comments:	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
		2 N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	N401	19	**Patient City**	M	AN 2/30
			Free-form text for city name		
			The City Name of the patient.		
M	N402	156	**Patient State**	M	ID 2/2
			Code (Standard State/Province) as defined by appropriate government agency		
			See Appendix B for State Abbreviation Codes.		
M	N403	116	**Patient ZIP Code**	M	ID 3/11
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
			The ZIP Code of the patient.		
X	N404	26	**Country Code**	O	ID 2/3
			Code identifying the country		
X	N405	309	**Location Qualifier**	X	ID 1/2
			Code identifying type of location		
X	N406	310	**Location Identifier**	O	AN 1/30
			Code which identifies a specific location		

		Segment:	**DMG** Patient Demographic Information
		Position:	115
		Loop:	2210 Mandatory
		Level:	Detail
		Usage:	Mandatory
		Max Use:	1
		Purpose:	To supply demographic information

Segment: **DMG** Patient Demographic Information
Position: 115
Loop: 2210   Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To supply demographic information
Syntax Notes: **1**   If either DMG01 or DMG02 is present, then the other is required.
Semantic Notes: **1**   DMG02 is the date of birth.
            2   DMG07 is the country of citizenship.
            3   DMG09 is the age in years.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DMG01	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DMG02	1251	**Patient Date of Birth**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
			The date the patient was born.		
M	DMG03	1068	**Patient Sex Code**	M	ID 1/1
			Code indicating the sex of the individual		
			F Female		
			M Male		
	DMG04	1067	**Patient Marital Status**	O	ID 1/1
			Code defining the marital status of a person		
			K Unknown		
			M Married		
			S Separated		
X	DMG05	1109	**Race or Ethnicity Code**	O	ID 1/1
			Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes		
X	DMG06	1066	**Citizenship Status Code**	O	ID 1/2
			Code indicating citizenship status		
X	DMG07	26	**Country Code**	O	ID 2/3
			Code identifying the country		
X	DMG08	659	**Basis of Verification Code**	O	ID 1/2
			Code indicating the basis of verification		
X	DMG09	380	**Quantity**	O	R 1/15
			Numeric value of quantity		

		Segment:	**PER** Patient Telephone Number

Segment: **PER** Patient Telephone Number

Position: 120
Loop: 2210   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To identify a person or office to whom administrative communications should be directed
Syntax Notes: **1**   If either PER03 or PER04 is present, then the other is required.
            2   If either PER05 or PER06 is present, then the other is required.
            3   If either PER07 or PER08 is present, then the other is required.
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	PER01	366	**Contact Function Code**	M	**ID 2/2**

Code identifying the major duty or responsibility of the person or group named

     PZ   Patient

                              Individual receiving medical care

X	PER02	93	**Name**	O	**AN 1/35**

Free-form name

	PER03	365	**Communication Number Qualifier**	X	**ID 2/2**

Code identifying the type of communication number

     TE   Telephone

	PER04	364	**Patient Telephone Number**	X	**AN 1/80**

Complete communications number including country or area code when applicable
The telephone number, including area code, at which the patient may be contacted.

X	PER05	365	**Communication Number Qualifier**	X	**ID 2/2**

Code identifying the type of communication number

X	PER06	364	**Communication Number**	X	**AN 1/80**

Complete communications number including country or area code when applicable

X	PER07	365	**Communication Number Qualifier**	X	**ID 2/2**

Code identifying the type of communication number

X	PER08	364	**Communication Number**	X	**AN 1/80**

Complete communications number including country or area code when applicable

	PER09	443	**Contact Inquiry Reference**	O	**AN 1/20**

Additional reference number or description to clarify a contact number

Segment:		**REF** Patient Medicaid ID			
Position:		125			
Loop:		2210	Mandatory		
Level:		Detail			
Usage:		Mandatory			
Max Use:		1			
Purpose:		To specify the patients Medicaid ID number.			
Syntax Notes:		**1**	At least one of REF02 or REF03 is required.		
Semantic Notes:					
Comments:					

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes	
M	**REF01**	**128**	**Reference Number Qualifier**		**M**	**ID 2/3**
			Code qualifying the Reference Number.			
		NQ		Medicaid Recipient Identification Number		
				Unique identification number assigned to each member covered under a subscriber's contract		
M	**REF02**	**127**	**Medicaid ID Number**		**M**	**AN 1/30**
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.			
X	**REF03**	**352**	**Medicaid Recipient Identification Number**		**X**	**AN 1/80**
			A free-form description to clarify the related data elements and their content			

Segment: # NM1 Legal Representative

Position:	095
Loop:	2211 Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply the full name of an individual or organizational entity
Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
Semantic Notes:	1 NM102 qualifies NM103.
Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	ID 2/2

Code identifying an organizational entity, a physical location, or an individual

     LR   Legal Representative

                       Person by law who is in charge of personal matters of the patient

	Ref. Des.	Data Element	Name		Attributes
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1

Code qualifying the type of entity

     1   Person

     2   Non-Person Entity

	Ref. Des.	Data Element	Name		Attributes
M	NM103	1035	**Representative Payee Last Name**	M	AN 1/35

Individual last name or organizational name

The entity name or last name of the legal representative.

	Ref. Des.	Data Element	Name		Attributes
M	NM104	1036	**Representative Payee First Name**	M	AN 1/25

Individual first name

The first name of the legal representative.

	Ref. Des.	Data Element	Name		Attributes
	NM105	1037	**Representative Payee Middle Initial**	O	AN 1/25

Individual middle name or initial

The middle initial of the legal representative.

	Ref. Des.	Data Element	Name		Attributes
X	NM106	1038	**Name Prefix**	O	AN 1/10

Prefix to individual name

	Ref. Des.	Data Element	Name		Attributes
X	NM107	1039	**Name Suffix**	O	AN 1/10

Suffix to individual name

	Ref. Des.	Data Element	Name		Attributes
X	NM108	66	**Identification Code Qualifier**	X	ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

	Ref. Des.	Data Element	Name		Attributes
X	NM109	67	**Identification Code**	X	AN 2/20

Code identifying a party or other code

	Segment:	**N3** Legal Representative Address
	Position:	105
	Loop:	2211 Optional
	Level:	Detail
	Usage:	Optional
	Max Use:	2
	Purpose:	To specify the location of the named party
	Syntax Notes:	
	Semantic Notes:	
	Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	**N301**	**166**	**Legal Representative Address 1**	**M** **AN 1/35**
			Address information	
			The mailing address of the Legal Representative.	
	N302	**166**	**Legal Representative Address 2**	**O** **AN 1/35**
			Address information	
			Additional mailing address of the Legal Representative.	

	Segment:	**N4** Legal Representative City, State, ZIP

Segment: **N4** Legal Representative City, State, ZIP
Position: 110
Loop: 2211   Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1   If N406 is present, then N405 is required.
Semantic Notes:
Comments: 1   A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
      2   N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	N401	19	**Legal Representative City**	M	AN 2/30
			Free-form text for city name		
			The city name of the Legal Representative.		
M	N402	156	**Legal Representative State**	M	ID 2/2
			Code (Standard State/Province) as defined by appropriate government agency		
			See Appendix B for State Abbreviation Codes.		
M	N403	116	**Legal Representative ZIP Code**	M	ID 3/11
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
			The ZIP Code of the Legal Representative.		
X	N404	26	**Country Code**	O	ID 2/3
			Code identifying the country		
X	N405	309	**Location Qualifier**	X	ID 1/2
			Code identifying type of location		
X	N406	310	**Location Identifier**	O	AN 1/30
			Code which identifies a specific location		

Segment:		**PER** Legal Representative Telephone Number			

Segment: **PER** Legal Representative Telephone Number
Position: 120
Loop: 2211   Optional
Level: Detail
Usage: Optional
Max Use: 2
Purpose: To identify a person or office to whom administrative communications should be directed
Syntax Notes:
1   If either PER03 or PER04 is present, then the other is required.
2   If either PER05 or PER06 is present, then the other is required.
3   If either PER07 or PER08 is present, then the other is required.

Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	PER01	366	**Contact Function Code**	M	**ID 2/2**
			Code identifying the major duty or responsibility of the person or group named		
			RP Responsible Person		
X	PER02	93	**Name**	O	**AN 1/35**
			Free-form name		
	PER03	365	**Communication Number Qualifier**	C	**ID 2/2**
			Code identifying the type of communication number		
			TE Telephone		
	PER04	364	**Legal Representative Telephone Number**	C	**AN 1/80**
			Complete communications number including country or area code when applicable		
			The telephone number, including area code, at which the Legal Representative may be contacted.		
X	PER05	365	**Communication Number Qualifier**	X	**ID 2/2**
			Code identifying the type of communication number		
X	PER06	364	**Communication Number**	X	**AN 1/80**
			Complete communications number including country or area code when applicable		
X	PER07	365	**Communication Number Qualifier**	X	**ID 2/2**
			Code identifying the type of communication number		
X	PER08	364	**Communication Number**	X	**AN 1/80**
			Complete communications number including country or area code when applicable		
	PER09	443	**Contact Inquiry Reference**	O	**AN 1/20**
			Additional reference number or description to clarify a contact number		

<table>
<tr><td>Segment:</td><td colspan="2">CLM Health Claim</td></tr>
<tr><td>Position:</td><td colspan="2">130</td></tr>
<tr><td>Loop:</td><td>2300</td><td>Mandatory</td></tr>
<tr><td>Level:</td><td colspan="2">Detail</td></tr>
<tr><td>Usage:</td><td colspan="2">Mandatory</td></tr>
<tr><td>Max Use:</td><td colspan="2">1</td></tr>
<tr><td>Purpose:</td><td colspan="2">To specify basic data about the claim</td></tr>
<tr><td>Syntax Notes:</td><td colspan="2"></td></tr>
</table>

Semantic Notes:

1. CLM02 is the total amount of all submitted charges of service segments for this claim.
2. CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signatue is not on file.
3. CLM08 is assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.
4. CLM13 is CHAMPUS nonavailability indicator. A "Y" value indicates a statement of non-availability is on file; an "N" value indicates statment of nonavailability is not on file or not necessary.
5. CLM15 is charges itemized by service indicator. A "Y" value indicates charges are itemized by service; an "N" value indicates charges are summarized by service.
6. CLM18 is explanation of benefit (EOB) indicator. A "Y" value indicates that a paper EOB is requested; an "N" value indicates that no paper EOB is requested.

Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	CLM01	1028	**Patient Control Number**	M	AN 1/38
			Identifier used to track a claim from creation by the health care provider through payment		
			A unique value assigned by the provider to identify the patient. Only the leftmost 14 characters are returned on the remittance advice.		
M	CLM02	782	**Total Claim Charges**	M	R 1/15
			Monetary amount		
	CLM03	1032	**Claim Editing Indicator**	O	ID 1/2
			Code identifying type of claim		
X	CLM04	1343	**Non-Institutional Claim Type Code**	O	ID 1/2
			Code identifying the type of provider or claim		
M	CLM05	C023	**Health Care Service Location Information**	M	
			To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered		
M	C02301	1331	**Facility Code Value**	M	AN 1/2

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format
The code that identifies where all the services were performed. If reported at the claim level this code applies to all services, unless the service level specifies a different Place of Service. Two digit HCFA place of service as follows:

11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center

		26	Military Treatment Facility		
		31	Skilled Nursing Facility		
		32	Nursing Facility		
		33	Custodial Care Facility		
		34	Hospice		
		35	Adult Living Care Facility		
		41	Ambulance - Land		
		42	Ambulance - Air or Water		
		50	Federally Qualified Health Care Center		
		51	Inpatient Psychiatric Facility		
		52	Psychiatric Facility Partial Hospitalization		
		53	Community Mental Health Center		
		54	Intermediate Care Facility / Mentally Retarded		
		55	Residential Substance Abuse Treatment Facility		
		56	Psychiatric Residential Treatment Center		
		61	Comprehensive Inpatient Rehabilitation Facility		
		62	Comprehensive Outpatient Rehabilitation Facility		
		65	End Staage Renal Disease Treatment Facility		
		71	State or Local Public Health Clinic		
		72	Rural Health Clinic		
		81	Independent Laboratory		
		99	Other Unlisted Facility		

X **C02302** **1332** **Facility Code Qualifier** O **ID 1/2**

Code identifying the type of facility referenced

M **C02303** **1325** **Claim Frequency Type Code** M **ID 1/1**

Code specifying the frequency of the claim; this is the third position of the
Uniform Billing Claim Form Bill Type

1	Original
7	Adjustment

CLM06 **1073** **Provider Signature on File** O **ID 1/1**

Code indicating a Yes or No condition or response

The signature of the provider of service(s) reported on this claim which
acknowledges the performance of the service(s) and authorizes payment is on
file in the provider's office.

N	No
Y	Yes

CLM07 **1359** **Provider Assignment Indicator** O **ID 1/1**

Code indicating whether the provider accepts assignment

A code indicating whether the provider accepts assignment.

A	Assigned
B	Assignment Accepted on Clinical Lab Services Only
C	Not Assigned

CLM08 **1073** **Assignment of Benefits Indicator** O **ID 1/1**

Code indicating a Yes or No condition or response

N	No
Y	Yes

CLM09 **1363** **Release of Information Indicator** C **ID 1/1**

Code indicating whether the provider has on file a signed statement by the
patient authorizing the release of medical data to other organizations
A code indicating whether the provider has on file a signed statement
permitting the release of medical data to other organizations in order to
adjudicate the claim.

Y	Yes, Provider has a Signed Statement Permitting Release

of Medical Billing Data Related to a Claim

| | CLM10 | 1351 | **Patient Signature Source Code** | **O** | **ID 1/1** |

Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider

B   Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file

| | CLM11 | C024 | **Related Causes Information** | **O** | |

To identify one or more related causes and associated state or country information

| M | C02401 | 1362 | **Accident or Employment Indicator** | **M** | **ID 2/3** |

Code identifying an accompanying cause of an illness, injury or an accident

A code to indicate whether the patient's medical condition was the result of an auto accident; was the result of an accident or illness caused by another party; was allegedly due to the environment or events resulting from employment; or was the result of a non-auto related accident. If CLM11 is "AA" then CLM11-04 is required.

AA   Auto Accident

EM   Employment

OA   Other Accident

| | C02402 | 1362 | **Accident or Employment Indicator** | **O** | **ID 2/3** |

Code identifying an accompanying cause of an illness, injury or an accident

A second code to indicate whether the patient's medical condition was the result of an auto accident; was the result of an accident or illness caused by another party; was allegedly due to the environment or events resulting from employment; or was the result of a non-auto related accident. If CLM11 is "AA" then CLM11-04 is required.

AA   Auto Accident

EM   Employment

OA   Other Accident

| | C02403 | 1362 | **Accident or Employment Indicator** | **O** | **ID 2/3** |

Code identifying an accompanying cause of an illness, injury or an accident

A third code to indicate whether the patient's medical condition was the result of an auto accident; was the result of an accident or illness caused by another party; was allegedly due to the environment or events resulting from employment; or was the result of a non-auto related accident. If CLM11 is "AA" then CLM11-04 is required.

AA   Auto Accident

EM   Employment

OA   Other Accident

| | C02404 | 156 | **Accident State** | **O** | **ID 2/2** |

Code (Standard State/Province) as defined by appropriate government agency

The State Postal Code identifying the state in which the automobile accident occurred.

| X | C02405 | 26 | **Country Code** | **O** | **ID 2/3** |

Code identifying the country

| | CLM12 | 1366 | **Special Program Indicator** | **O** | **ID 2/3** |

Code indicating the Special Program under which the services rendered to the patient were performed
A code indicating the Special Program under which the services rendered to the patient were performed.

06   Pneumococcal Pneumonia Vaccine (PPV) or Medicare 100% Payment

| | CLM13 | 1073 | **Homebound Indicator** | **O** | **ID 1/1** |

Code indicating a Yes or No condition or response

Lab services were provided to a homebound patient.

			N	No		
			Y	Yes		
X	**CLM14**	**1338**	**Level of Service Code**		**O**	**ID 1/3**
			Code specifying the level of service rendered			
X	**CLM15**	**1073**	**Yes/No Condition or Response Code**		**O**	**ID 1/1**
			Code indicating a Yes or No condition or response			
X	**CLM16**	**1360**	**Provider Agreement Code**		**O**	**ID 1/1**
			Code indicating the type of agreement under which the provider is submitting this claim			
X	**CLM17**	**1029**	**Claim Status Code**		**O**	**ID 1/2**
			Code identifying the status of an entire claim as assigned by the payor, claim review organization or repricing organization			
X	**CLM18**	**1073**	**Yes/No Condition or Response Code**		**O**	**ID 1/1**
			Code indicating a Yes or No condition or response			
X	**CLM19**	**1383**	**Claim Submission Reason Code**		**O**	**ID 2/2**
			Code identifying reason for claim submission			
X	**CLM20**	**1514**	**Delay Reason Code**		**O**	**ID 1/2**
			Code indicating the reason why a request was delayed			

<table>
<tr><td>**Segment:**</td><td>**DTP** Provider Signature Date</td></tr>
<tr><td>**Position:**</td><td>135</td></tr>
<tr><td>**Loop:**</td><td>2300   Mandatory</td></tr>
<tr><td>**Level:**</td><td>Detail</td></tr>
<tr><td>**Usage:**</td><td>Mandatory</td></tr>
<tr><td>**Max Use:**</td><td>150</td></tr>
<tr><td>**Purpose:**</td><td>To specify any or all of a date, a time, or a time period</td></tr>
<tr><td>**Syntax Notes:**</td><td></td></tr>
<tr><td>**Semantic Notes:**</td><td>1   DTP02 is the date or time or period format that will appear in DTP03.</td></tr>
<tr><td>**Comments:**</td><td></td></tr>
</table>

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			469 Provider Signature		
			Date supplier of medical service signified the service in question was, in fact, provided		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Provider Signature Date**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		

	Segment:	**DTP** Admission Date		

Segment: **DTP** Admission Date
Position: 135
Loop: 2300   Mandatory
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period.
Syntax Notes:
Semantic Notes: **1**   DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes: Mandatory if services provided during an inpatient hospital stay.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	DTP01	374	**Date/Time Qualifier**	M	**ID 3/3**
			Code specifying type of date or time, or both date and time		
			435 Admission		
			Date of entrance to a health care establishment		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	**ID 2/3**
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Admission Date**	M	**AN 1/35**
			Expression of a date, a time, or range of dates, times or dates and times		

	Segment:	**DTP** Discharge Date
	Position:	135
	Loop:	2300 Mandatory
	Level:	Detail
	Usage:	Conditional
	Max Use:	1
	Purpose:	To specify any or all of a date, a time, or a time period
	Syntax Notes:	
	Semantic Notes:	**1** DTP02 is the date or time or period format that will appear in DTP03.
	Comments:	
	Notes:	This segment applies to all service lines. Mandatory if services provided during an inpatient hospital stay and the patient has been discharged..

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	DTP01	374	**Date/Time Qualifier**	M	**ID 3/3**
			Code specifying type of date or time, or both date and time		
			096 Discharge		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	**ID 2/3**
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Discharge Date**	M	**AN 1/35**
			Expression of a date, a time, or range of dates, times or dates and times		

	Segment:	**DTP** Date Last Seen
	Position:	135
	Loop:	2300 Mandatory
	Level:	Detail
	Usage:	Optional
	Max Use:	1
	Purpose:	To specify any or all of a date, a time, or a time period
	Syntax Notes:	
	Semantic Notes:	1 DTP02 is the date or time or period format that will appear in DTP03.
	Comments:	
	Notes:	This segment applies to all service lines.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
		304	Latest Visit or Consultation		
			Date subscriber or dependent last visited or consulted with a physician		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
		D8	Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Date Last Seen**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		

Segment: # DTP Illness Date

Position:	135	
Loop:	2300	Mandatory
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify any or all of a date, a time, or a time period	
Syntax Notes:		
Semantic Notes:	1 DTP02 is the date or time or period format that will appear in DTP03.	
Comments:		
Notes:	This segment applies to all service lines.	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
		431	Onset of Current Symptoms or Illness		
			Date first symptoms appeared		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
		D8	Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Illness Date**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		

				Segment:	**DTP** Accident Date

Segment: **DTP** Accident Date
Position: 135
Loop: 2300   Mandatory
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: **1**   DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes: This segment applies to all service lines. mandatory if CLM11 is 'AA', 'EM' or 'OA'.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			439 Accident		
			Date mishap occurred		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Accident Date**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		

	Segment:	**DTP** Release of Information Date

Segment:	**DTP** Release of Information Date
Position:	135
Loop:	2300 Mandatory
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify any or all of a date, a time, or a time period
Syntax Notes:	
Semantic Notes:	**1** DTP02 is the date or time or period format that will appear in DTP03.
Comments:	
Notes:	This segment applies to all service lines.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	**DTP01**	**374**	**Date/Time Qualifier**	**M**	**ID 3/3**
			Code specifying type of date or time, or both date and time		
		440	Release of Information		
			Date patient signified it was acceptable to distribute pertinent information to other parties		
M	**DTP02**	**1250**	**Date Time Period Format Qualifier**	**M**	**ID 2/3**
			Code indicating the date format, time format, or date and time format		
		D8	Date Expressed in Format CCYYMMDD		
M	**DTP03**	**1251**	**Release of Information Date**	**M**	**AN 1/35**
			Expression of a date, a time, or range of dates, times or dates and times		

Segment: **DTP** Last Menstrual Period Date
Position: 135
Loop: 2300   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: **1**   DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes: This segment applies to all service lines.

<div align="center">

Data Element Summary

</div>

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			484 Last Menstrual Period		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Last Menstrual Period Date**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		

	Segment:	**DTP** First Consulted Date
	Position:	135
	Loop:	2300 Mandatory
	Level:	Detail
	Usage:	Optional
	Max Use:	1
	Purpose:	To specify any or all of a date, a time, or a time period
	Syntax Notes:	
	Semantic Notes:	**1** DTP02 is the date or time or period format that will appear in DTP03.
	Comments:	
	Notes:	This segment applies to all service lines.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			444 First Visit or Consultation		
			Date patient first sought medical assistance		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**First Consulted Date**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		

	Segment:	**DTP** Additional Documentation Sent Date

Position: 135
Loop: 2300   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: **1**   DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes: This segment applies to all service lines.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	**ID 3/3**
			Code specifying type of date or time, or both date and time		
			368 Submittal		
			Date an item was submitted to a customer		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	**ID 2/3**
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Additional Documentation Sent Date**	M	**AN 1/35**
			Expression of a date, a time, or range of dates, times or dates and times		
			The date the documentation described in the PWK segment was sent. This date may be sent when the PWK is used.		

	Segment:	**DTP** Admission Date2

Segment: **DTP** Admission Date2

Position:	135
Loop:	2300 Mandatory
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify any or all of a date, a time, or a time period
Syntax Notes:	
Semantic Notes:	1 DTP02 is the date or time or period format that will appear in DTP03.
Comments:	
Notes:	This segment applies to all service lines.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3

Code specifying type of date or time, or both date and time

627   Second Admission Date

Date of second admission to a health care facility which occurred during the service period of this claim

M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3

Code indicating the date format, time format, or date and time format

D8   Date Expressed in Format CCYYMMDD

M	DTP03	1251	**Admission Date2**	M	AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

A date to indicate the second admission to a health care facility which occurred during the service period of this claim.

Segment:		**DTP** Discharge Date2			

Position: 135
Loop: 2300   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: **1**   DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes: This segment applies to all service lines.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			637 Second Discharge Date		
			Date of second discharge from a health care facility which occurred during the service period of this claim		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Discharge Date2**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
			A date to indicate the second discharge from a health care facility which occurred during the service period of this claim.		

	Segment:	**DTP** Disability Begin Date

Segment:	**DTP** Disability Begin Date
Position:	135
Loop:	2300 Mandatory
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify any or all of a date, a time, or a time period
Syntax Notes:	
Semantic Notes:	**1** DTP02 is the date or time or period format that will appear in DTP03.
Comments:	
Notes:	This segment applies to all service lines.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	DTP01	374	**Date/Time Qualifier**	M	**ID 3/3**
			Code specifying type of date or time, or both date and time		
			360 Disability Begin		
			Date on which the disability begins		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	**ID 2/3**
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Disability Begin Date**	M	**AN 1/35**
			Expression of a date, a time, or range of dates, times or dates and times		
			The beginning date the patient was or will be unable to perform the duties normally associated with the patient's work.		

	Segment:	**DTP** Disability End Date

Segment: **DTP** Disability End Date

Position:	135
Loop:	2300 Mandatory
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify any or all of a date, a time, or a time period
Syntax Notes:	
Semantic Notes:	**1** DTP02 is the date or time or period format that will appear in DTP03.
Comments:	
Notes:	This segment applies to all service lines.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	DTP01	374	**Date/Time Qualifier**	M	**ID 3/3**

Code specifying type of date or time, or both date and time

361   Disability End

Date on which the disability ends

	Ref. Des.	Data Element	Name	Attributes	
M	DTP02	1250	**Date Time Period Format Qualifier**	M	**ID 2/3**

Code indicating the date format, time format, or date and time format

D8   Date Expressed in Format CCYYMMDD

	Ref. Des.	Data Element	Name	Attributes	
M	DTP03	1251	**Disability End Date**	M	**AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times

The ending date of the patient's disability.

	Segment:	**DTP** Date Care Assumed
	Position:	135
	Loop:	2300 Mandatory
	Level:	Detail
	Usage:	Conditional
	Max Use:	1
	Purpose:	To specify any or all of a date, a time, or a time period
	Syntax Notes:	
	Semantic Notes:	**1** DTP02 is the date or time or period format that will appear in DTP03.
	Comments:	
	Notes:	This segment applies to all service lines. Mandatory when specified by global surgery policy.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	DTP01	374	**Date/Time Qualifier**	M ID 3/3
			Code specifying type of date or time, or both date and time	
			ZZZ Mutually Defined	
			Date Care Assumed.	
M	DTP02	1250	**Date Time Period Format Qualifier**	M ID 2/3
			Code indicating the date format, time format, or date and time format	
			D8 Date Expressed in Format CCYYMMDD	
M	DTP03	1251	**Date Care Assumed**	M AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times	
			The date the care of the patient was assumed by another physician.	

<table>
<tr><td>**Segment:**</td><td colspan="2"># PWK Paperwork</td></tr>
<tr><td>**Position:**</td><td colspan="2">155</td></tr>
<tr><td>**Loop:**</td><td>2300</td><td>Mandatory</td></tr>
<tr><td>**Level:**</td><td colspan="2">Detail</td></tr>
<tr><td>**Usage:**</td><td colspan="2">Conditional</td></tr>
<tr><td>**Max Use:**</td><td colspan="2">10</td></tr>
<tr><td>**Purpose:**</td><td colspan="2">To identify the type and transmission of paperwork or supporting information</td></tr>
<tr><td>**Syntax Notes:**</td><td>1</td><td>If either PWK05 or PWK06 is present, then the other is required.</td></tr>
<tr><td>**Semantic Notes:**</td><td colspan="2"></td></tr>
<tr><td>**Comments:**</td><td>1</td><td>PWK05 and PWK06 may be used to identify the addressee by a code number.</td></tr>
<tr><td></td><td>2</td><td>PWK07 may be used to indicate special information to be shown on the specified report.</td></tr>
<tr><td></td><td>3</td><td>PWK08 may be used to indicate action pertaining to a report.</td></tr>
<tr><td>**Notes:**</td><td colspan="2">This segment should only be used where the payer requires paper documentation and no electronic means of transferring the data exists.</td></tr>
</table>

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	PWK01	755	**Type of Documentation**	M	ID 2/2

Code indicating the title or contents of a document, report or supporting item

Use "CT" for patient consent forms.

CT	Certification	
DG	Diagnostic Report	

Report describing the results of lab tests x-rays or radiology films

DS	Discharge Summary

Report listing the condition of the patient upon release from the hospital; it usually lists where the patient is being released to, what medication the patient is taking and when to follow-up with the doctor

OB	Operative Note

Step-by-step notes of exactly what takes place during an operation

	Ref. Des.	Data Element	Name		Attributes
M	PWK02	756	**Documentation Indicator**	M	ID 1/2

Code defining timing, transmission method or format by which reports are to be sent

An indicator describing how paper documentation pertaining to this claim has been or will be transmitted.

BM	By Mail
FX	By Fax

	Ref. Des.	Data Element	Name		Attributes
X	PWK03	757	**Report Copies Needed**	O	N0 1/2

The number of copies of a report that should be sent to the addressee

X	PWK04	98	**Entity Identifier Code**	O	ID 2/2

Code identifying an organizational entity, a physical location, or an individual

X	PWK05	66	**Identification Code Qualifier**	X	ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

X	PWK06	67	**Identification Code**	X	AN 2/20

Code identifying a party or other code

X	PWK07	352	**Description**	O	AN 1/80

A free-form description to clarify the related data elements and their content

X	PWK08	C002	**Actions Indicated**	O	

Actions to be performed on the piece of paperwork identified

X	C00201	704	**Paperwork/Report Action Code**	M	ID 1/2

Code specifying how the paperwork or report that is identified in the PWK

segment relates to the transaction set or to identify the action that is required

X	**C00202**	**704**	**Paperwork/Report Action Code**	**O**	**ID 1/2**

Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required

X	**C00203**	**704**	**Paperwork/Report Action Code**	**O**	**ID 1/2**

Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required

X	**C00204**	**704**	**Paperwork/Report Action Code**	**O**	**ID 1/2**

Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required

X	**C00205**	**704**	**Paperwork/Report Action Code**	**O**	**ID 1/2**

Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required

Segment:	**AMT** Patient Amount Paid				
Position:	175				
Loop:	2300	Mandatory			
Level:	Detail				
Usage:	Conditional				
Max Use:	1				
Purpose:	To indicate the total monetary amount				
Syntax Notes:					
Semantic Notes:					
Comments:					
Notes:	Required when specified by spend-down policy. Do not report patient's co-pay amount.				

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AMT01	522	**Amount Qualifier Code**	M	ID 1/2
			Code to qualify amount		
			F5 Patient Amount Paid		
			Monetary amount value already paid by one receiving medical care		
			Monetary amount value already paid by one receiving medical care.		
M	AMT02	782	**Patient Amount Paid**	M	R 1/15
			Monetary amount		
			The amount the provider has received from the patient (or insured) toward payment of this claim.		
X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1
			Code indicating whether amount is a credit or debit		

	Segment:	**AMT** Patient Balance Due
	Position:	175
	Loop:	2300 Mandatory
	Level:	Detail
	Usage:	Optional
	Max Use:	1
	Purpose:	To indicate the total monetary amount
	Syntax Notes:	
	Semantic Notes:	
	Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AMT01	522	**Amount Qualifier Code**	M ID 1/2
			Code to qualify amount	
			BD Balance Due	
M	AMT02	782	**Patient Balance Due**	M R 1/15
			Monetary amount	
			Amount of total charges remaining if partial payment is made by the patient.	
X	AMT03	478	**Credit/Debit Flag Code**	O ID 1/1
			Code indicating whether amount is a credit or debit	

Segment:		**AMT** Laboratory Charges			
Position:		175			
Loop:		2300	Mandatory		
Level:		Detail			
Usage:		Optional			
Max Use:		1			
Purpose:		To indicate the total monetary amount			
Syntax Notes:					
Semantic Notes:					
Comments:					

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AMT01	522	**Amount Qualifier Code**	M	ID 1/2
			Code to qualify amount		
			Use ZZ for Lab Charges		
			ZZ Mutually Defined		
M	AMT02	782	**Lab Charges**	M	R 1/15
			Monetary amount		
			Amount of total lab charges.		
X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment:		**REF** Prior Authorization Number			

Position: 180
Loop: 2300   Mandatory
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To specify identifying numbers.
Syntax Notes: **1**   At least one of REF02 or REF03 is required.
Semantic Notes:
Comments:
Notes: Required when specified by prior authorization policy.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	**Reference Number Qualifier**	M	ID 2/3

Code qualifying the Reference Number.

    G1   Prior Authorization Number

             An authorization number acquired prior to the submission of a claim

M	REF02	127	**Prior Authorization Number**	M	AN 1/30

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.

X	REF03	352	**Description**	X	AN 1/80

A free-form description to clarify the related data elements and their content

Segment:	**REF** Investigational Device Exemption Number				

Segment: **REF** Investigational Device Exemption Number
Position: 180
Loop: 2300   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying numbers.
Syntax Notes: 1   At least one of REF02 or REF03 is required.
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	**Reference Number Qualifier**	M	ID 2/3
			Code qualifying the Reference Number.		
			LX Qualified Products List		
M	REF02	127	**Investigational Device Exemption Number**	M	AN 1/30
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier. The IDE number for an investigation device when used in an FDA-Approved clinical trial.		
X	REF03	352	**Description**	X	AN 1/80
			A free-form description to clarify the related data elements and their content		

Segment:		**REF** Medicare Demonstration Number		
Position:	180			
Loop:	2300	Mandatory		
Level:	Detail			
Usage:	Optional			
Max Use:	1			
Purpose:	To specify identifying numbers.			
Syntax Notes:	1	At least one of REF02 or REF03 is required.		
Semantic Notes:				
Comments:				

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	REF01	128	**Reference Number Qualifier**	M ID 2/3
			Code qualifying the Reference Number.	
			P4 Project Code	
M	REF02	127	**Medicare Demonstration Number**	M AN 1/30
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.	
X	REF03	352	**Description**	X AN 1/80
			A free-form description to clarify the related data elements and their content	

	Segment:	**REF** Original Reference Number
	Position:	180
	Loop:	2300 Mandatory
	Level:	Detail
	Usage:	Conditional
	Max Use:	1
	Purpose:	To specify identifying numbers.
	Syntax Notes:	**1** At least one of REF02 or REF03 is required.
	Semantic Notes:	
	Comments:	
	Notes:	Required when CLM 05-3 is '7' (replacement).

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	**REF01**	**128**	**Reference Number Qualifier**	**M**	**ID 2/3**
			Code qualifying the Reference Number.		
			F8 Original Reference Number		
M	**REF02**	**127**	**Claim Original Reference Number**	**M**	**AN 1/30**
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier. Report the 10-digit CRN of the last paid claim that you are replacing.		
X	**REF03**	**352**	**Description**	**X**	**AN 1/80**
			A free-form description to clarify the related data elements and their content		

	Segment:	**REF** Claim Identification Number for Clearing Houses

Position: 180
Loop: 2300 Mandatory
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To specify identifying numbers.
Syntax Notes: 1 At least one of REF02 or REF03 is required.
Semantic Notes:
Comments:
Notes: Used only by transmission intermediaries (automated clearing houses, and others) who need to attach their own unique claim number.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	**Reference Number Qualifier**	M	ID 2/3

Code qualifying the Reference Number.

		D9	Claim Number

Sequence number to track the number of claims opened within a particular line of business

	Ref. Des.	Data Element	Name		Attributes
	REF02	127	**Value Added Network Trace Number**	X	AN 1/30

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.
This field must be numeric. The leftmost 10 characters are returned on the electronic remittance advice.

	Ref. Des.	Data Element	Name		Attributes
X	REF03	352	**Description**	X	AN 1/80

A free-form description to clarify the related data elements and their content

Segment:		**REF** Medical Record Number			

Segment: **REF** Medical Record Number

Position: 180
Loop: 2300   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying numbers.
Syntax Notes: 1   At least one of REF02 or REF03 is required.
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	**Reference Number Qualifier**	M	ID 2/3

Code qualifying the Reference Number.

    EA   Medical Record Identification Number

            A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records

	REF02	127	**Medical Record Number**	X	AN 1/30

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.

X	REF03	352	**Description**	X	AN 1/80

A free-form description to clarify the related data elements and their content

			Segment:	**NTE** Extra Narrative Data
			Position:	185
			Loop:	2300 Mandatory
			Level:	Detail
			Usage:	Conditional
			Max Use:	1
			Purpose:	To convey additional narrative data that cannot be encoded in the CLM segement.
			Syntax Notes:	
			Semantic Notes:	
			Comments:	1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
	NTE01	363	**Note Reference Code**	O	**ID 3/3**
			Code identifying the functional area or purpose for which the note applies		
			ADD Additional Information		
M	NTE02	352	**Description**	M	**AN 1/80**
			A free-form description to clarify the related data elements and their content		

	Segment:	**HI** Health Care Information Codes
	Position:	231
	Loop:	2300 Mandatory
	Level:	Detail
	Usage:	Mandatory
	Max Use:	25
	Purpose:	To supply information related to the delivery of health care
	Syntax Notes:	**1** If either C02203 or C02204 is present, then the other is required.
		2 If either C02203 or C02204 is present, then the other is required.
		3 If either C02203 or C02204 is present, then the other is required.
		4 If either C02203 or C02204 is present, then the other is required.
		5 If either C02203 or C02204 is present, then the other is required.
		6 If either C02203 or C02204 is present, then the other is required.
		7 If either C02203 or C02204 is present, then the other is required.
		8 If either C02203 or C02204 is present, then the other is required.
		9 If either C02203 or C02204 is present, then the other is required.
		10 If either C02203 or C02204 is present, then the other is required.
		11 If either C02203 or C02204 is present, then the other is required.
		12 If either C02203 or C02204 is present, then the other is required.
	Semantic Notes:	
	Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	HI01	C022	**Health Care Code Information**	M	
			To send health care codes and their associated dates, amounts and quantities		
M	C02201	1270	**Code List Qualifier Code**	M	ID 1/3
			Code identifying a specific industry code list		
			BK Principal Diagnosis		
M	C02202	1271	**Primary Diagnosis Code**	M	AN 1/30
			Code indicating a code from a specific industry code list		
			An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		
	HI02	C022	**Health Care Code Information**	O	
			To send health care codes and their associated dates, amounts and quantities		
M	C02201	1270	**Code List Qualifier Code**	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
M	C02202	1271	**Diagnosis Code-2**	M	AN 1/30
			Code indicating a code from a specific industry code list		
			An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35

			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		
	HI03	C022	**Health Care Code Information**	O	
			To send health care codes and their associated dates, amounts and quantities		
M	C02201	1270	**Code List Qualifier Code**	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
M	C02202	1271	**Diagnosis Code-3**	M	AN 1/30
			Code indicating a code from a specific industry code list		
			An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		
	HI04	C022	**Health Care Code Information**	O	
			To send health care codes and their associated dates, amounts and quantities		
M	C02201	1270	**Code List Qualifier Code**	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
M	C02202	1271	**Diagnosis Code-4**	M	AN 1/30
			Code indicating a code from a specific industry code list		
			An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		
	HI05	C022	**Health Care Code Information**	O	
			To send health care codes and their associated dates, amounts and quantities		
M	C02201	1270	**Code List Qualifier Code**	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
M	C02202	1271	**Diagnosis Code-5**	M	AN 1/30
			Code indicating a code from a specific industry code list		
			An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		

X	C02205	782	**Monetary Amount**		O	R 1/15

Monetary amount

X	C02206	380	**Quantity**		O	R 1/15

Numeric value of quantity

	HI06	C022	**Health Care Code Information**		O	

To send health care codes and their associated dates, amounts and quantities

M	C02201	1270	**Code List Qualifier Code**		M	ID 1/3

Code identifying a specific industry code list

    BF   Diagnosis

M	C02202	1271	**Diagnosis Code-6**		M	AN 1/30

Code indicating a code from a specific industry code list

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.

X	C02203	1250	**Date Time Period Format Qualifier**		X	ID 2/3

Code indicating the date format, time format, or date and time format

X	C02204	1251	**Date Time Period**		X	AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

X	C02205	782	**Monetary Amount**		O	R 1/15

Monetary amount

X	C02206	380	**Quantity**		O	R 1/15

Numeric value of quantity

	HI07	C022	**Health Care Code Information**		O	

To send health care codes and their associated dates, amounts and quantities

M	C02201	1270	**Code List Qualifier Code**		M	ID 1/3

Code identifying a specific industry code list

    BF   Diagnosis

M	C02202	1271	**Diagnosis Code-7**		M	AN 1/30

Code indicating a code from a specific industry code list

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.

X	C02203	1250	**Date Time Period Format Qualifier**		X	ID 2/3

Code indicating the date format, time format, or date and time format

X	C02204	1251	**Date Time Period**		X	AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

X	C02205	782	**Monetary Amount**		O	R 1/15

Monetary amount

X	C02206	380	**Quantity**		O	R 1/15

Numeric value of quantity

	HI08	C022	**Health Care Code Information**		O	

To send health care codes and their associated dates, amounts and quantities

M	C02201	1270	**Code List Qualifier Code**		M	ID 1/3

Code identifying a specific industry code list

    BF   Diagnosis

M	C02202	1271	**Diagnosis Code-8**		M	AN 1/30

Code indicating a code from a specific industry code list

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.

X	C02203	1250	**Date Time Period Format Qualifier**		X	ID 2/3

Code indicating the date format, time format, or date and time format

X	C02204	1251	**Date Time Period**		X	AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

X	C02205	782	**Monetary Amount**		O	R 1/15

			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		
X	**HI09**	**C022**	**Health Care Code Information**	O	
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	**Code List Qualifier Code**	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
X	C02202	1271	**Diagnosis Code-9**	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		
X	**HI10**	**C022**	**Health Care Code Information**	O	
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	**Code List Qualifier Code**	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
X	C02202	1271	**Diagnosis Code-10**	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		
X	**HI11**	**C022**	**Health Care Code Information**	O	
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	**Code List Qualifier Code**	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
X	C02202	1271	**Diagnosis Code-11**	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		
X	**HI12**	**C022**	**Health Care Code Information**	O	
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	**Code List Qualifier Code**	M	ID 1/3

Code identifying a specific industry code list

    BF   Diagnosis

X	**C02202**	**1271**	**Diagnosis Code-12**	**M**	**AN 1/30**

Code indicating a code from a specific industry code list

X	**C02203**	**1250**	**Date Time Period Format Qualifier**	**X**	**ID 2/3**

Code indicating the date format, time format, or date and time format

X	**C02204**	**1251**	**Date Time Period**	**X**	**AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times

X	**C02205**	**782**	**Monetary Amount**	**O**	**R 1/15**

Monetary amount

X	**C02206**	**380**	**Quantity**	**O**	**R 1/15**

Numeric value of quantity

Segment:	**LS** Loop Header			
Position:	245			
Loop:	2300	Mandatory		
Level:	Detail			
Usage:	Conditional			
Max Use:	1			
Purpose:	To indicate that the next segment begins a loop			
Syntax Notes:				
Semantic Notes:	1	One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with "LE", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.		
Comments:	1	See Figures Appendix for an explanation of the use of the LS and LE segments.		
Notes:		This segment MUST be used once, and only once, if NM1 at position 250 is used, regardless of the number of repetitions of loops 2310-2316.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	LS01	447	**Loop Identifier Code**	M AN 1/4

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE
Use 2310.

	Segment:	**NM1** Facility Name			

Position: 250
Loop: 2310   Conditional
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: **1**   If either NM108 or NM109 is present, then the other is required.
Semantic Notes: **1**   NM102 qualifies NM103.
Comments:
Notes: Required if services were provided in an inpatient facility, as indicated by CLM 05-1. The Facility must be identified by name (NM103) and/or by Identification Number (NM108 and NM109) according to billing instructions.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	ID 2/2
			Code identifying an organizational entity, a physical location, or an individual		
			61 Performed At		
			The facility where work was performed		
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1
			Code qualifying the type of entity		
			2 Non-Person Entity		
	NM103	1035	**Facility Name**	C	AN 1/35
			Individual last name or organizational name		
X	NM104	1036	**Name First**	O	AN 1/25
			Individual first name		
X	NM105	1037	**Name Middle**	O	AN 1/25
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	AN 1/10
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	AN 1/10
			Suffix to individual name		
	NM108	66	**Identification Code Qualifier**	X	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
			FA Facility Identification		
			ZZ Mutually Defined		
			National Provider Identifier		
	NM109	67	**Facility ID**	C	AN 2/20
			Code identifying a party or other code		
			This must be the National Provider Identifier (NPI) once the NPI is implemented.		

Segment: # N3 Facility Address

Position:	265
Loop:	2310 Conditional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify the location of the named party
Syntax Notes:	
Semantic Notes:	
Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	N301	166	**Facility / Laboratory Street Address-1**	M	AN 1/35
			Address information		
			The mailing address of the Facility or the Laboratory where the services being submitted on this claim were rendered.		
	N302	166	**Facility / Laboratory Street Address -2**	O	AN 1/35
			Address information		
			Additional mailing address of the facility or laboratory where the services being submitted on this claim were rendered.		

	Segment:	**N4** Facility City, State, ZIP

Segment: **N4** Facility City, State, ZIP

Position: 270
Loop: 2310   Conditional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1   If N406 is present, then N405 is required.
Semantic Notes:
Comments: 1   A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
         2   N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	N401	19	**Facility / Laboratory City**	M	AN 2/30
			Free-form text for city name		
			The city name of the Facility or Laboratory where the services being submitted on this claim were rendered.		
M	N402	156	**Facility / Laboratory State**	M	ID 2/2
			Code (Standard State/Province) as defined by appropriate government agency		
			See Appendix B for State Abbreviation Codes.		
	N403	116	**Facility / Laboratory ZIP Code**	O	ID 3/11
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
			The ZIP Code of the facility or laboratory where the services being submitted on this claim were rendered.		
X	N404	26	**Country Code**	O	ID 2/3
			Code identifying the country		
X	N405	309	**Location Qualifier**	X	ID 1/2
			Code identifying type of location		
	N406	310	**Location Identifier**	O	AN 1/30
			Code which identifies a specific location		

Segment:		**NM1** Referring Provider Name		
Position:		250		
Loop:		2311	Conditional	
Level:		Detail		
Usage:		Conditional		
Max Use:		1		
Purpose:		To supply the full name of an individual or organizational entity		
Syntax Notes:		1	If either NM108 or NM109 is present, then the other is required.	
Semantic Notes:		1	NM102 qualifies NM103.	
Comments:				
Notes:		Refer to the policy manual for situations where this segment is required. It is always required when billing the following services: clinical lab, consultations, and non-emergency ambulance transports.		

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	ID 2/2
			Code identifying an organizational entity, a physical location, or an individual		
			DN Referring Provider		
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1
			Code qualifying the type of entity		
			1 Person		
M	NM103	1035	**Referring Provider Last Name**	M	AN 1/35
			Individual last name or organizational name		
M	NM104	1036	**Referring Provider First Name**	M	AN 1/25
			Individual first name		
	NM105	1037	**Referring Provider Middle Initial**	O	AN 1/25
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	AN 1/10
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	AN 1/10
			Suffix to individual name		
	NM108	66	**Identification Code Qualifier**	X	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
			24 Employer's Identification Number		
			34 Social Security Number		
			ZZ Mutually Defined		
			National Provider Identifier		
	NM109	67	**Referring Provider ID**	C	AN 2/20
			Code identifying a party or other code		
			This must be the National Provider Identifier (NPI) once the NPI is implemented.		

Segment:		**N4** Referring Provider City, State, ZIP			

Segment: **N4** Referring Provider City, State, ZIP

Position: 270

Loop: 2311   Conditional

Level: Detail

Usage: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax Notes: **1**   If N406 is present, then N405 is required.

Semantic Notes:

Comments: **1**   A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

             2   N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
	N401	**19**	**Referring Provider City**	**O**	**AN 2/30**
			Free-form text for city name		
	N402	**156**	**Referring Provider State**	**O**	**ID 2/2**
			Code (Standard State/Province) as defined by appropriate government agency		
			See Appendix B for State Abbreviation Codes.		
	N403	**116**	**Referring Provider ZIP Code**	**O**	**ID 3/11**
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
X	**N404**	**26**	**Country Code**	**O**	**ID 2/3**
			Code identifying the country		
X	**N405**	**309**	**Location Qualifier**	**X**	**ID 1/2**
			Code identifying type of location		
X	**N406**	**310**	**Location Identifier**	**O**	**AN 1/30**
			Code which identifies a specific location		

Segment:		**REF** Referring Provider Medicaid ID		

Position: 271
Loop: 2311   Conditional
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To specify identifying numbers.
Syntax Notes: 1   At least one of REF02 or REF03 is required.
Semantic Notes:
Comments:
Notes: Refer to the policy manual for situations where this segment is required. It is always required when billing the following services: clinical lab, consultations, and non-emergency ambulance transports.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	REF01	128	**Reference Number Qualifier**	M	ID 2/3

Code qualifying the Reference Number.

     1D   Medicaid Provider Number

M	REF02	127	**Reference Number**	M	AN 1/30

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.
The 9-digit number assigned to the provider by MDCH for identification purposes. The first two digits indicate the provider type and the remaining seven digits indicate the specific provider. Use 888888888 if unknown.

	REF03	352	**Description**	X	AN 1/80

A free-form description to clarify the related data elements and their content

	Segment:	**NM1** Rendering Provider Name
	Position:	250
	Loop:	2312 Optional
	Level:	Detail
	Usage:	Optional
	Max Use:	1
	Purpose:	To supply the full name of an individual or organizational entity
	Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
	Semantic Notes:	1 NM102 qualifies NM103.
	Comments:	
	Notes:	For Medicaid, the billing provider is considered the rendering provider, so this loop is not needed.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	ID 2/2
			Code identifying an organizational entity, a physical location, or an individual		
			82 Rendering Provider		
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1
			Code qualifying the type of entity		
			1 Person		
	NM103	1035	**Rendering Provider Last Name**	O	AN 1/35
			Individual last name or organizational name		
	NM104	1036	**Rendering Provider First Name**	O	AN 1/25
			Individual first name		
	NM105	1037	**Rendering Provider Middle Initial**	O	AN 1/25
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	AN 1/10
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	AN 1/10
			Suffix to individual name		
	NM108	66	**Identification Code Qualifier**	X	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
			24 Employer's Identification Number		
			34 Social Security Number		
			ZZ Mutually Defined		
			National Provider Identifier		
	NM109	67	**Rendering Provider ID**	C	AN 2/20
			Code identifying a party or other code		
			This must be the National Provider Identifier (NPI) once the NPI is implemented.		

			Segment:	**N4** **Rendering Provider City, State, ZIP**
Position:	270
Loop:	2312	Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify the geographic place of the named party
Syntax Notes:	**1**	If N406 is present, then N405 is required.
Semantic Notes:
Comments:	**1**	A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
	2	N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
	N401	**19**	**Rendering Provider City**	**O**	**AN 2/30**
			Free-form text for city name		
	N402	**156**	**Rendering Provider State**	**O**	**ID 2/2**
			Code (Standard State/Province) as defined by appropriate government agency		
	N403	**116**	**Rendering Provider ZIP Code**	**O**	**ID 3/11**
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
X	**N404**	**26**	**Country Code**	**O**	**ID 2/3**
			Code identifying the country		
X	**N405**	**309**	**Location Qualifier**	**X**	**ID 1/2**
			Code identifying type of location		
X	**N406**	**310**	**Location Identifier**	**O**	**AN 1/30**
			Code which identifies a specific location		

Segment:	**REF** Rendering Provider Medicaid ID				

Segment: **REF** Rendering Provider Medicaid ID
Position: 271
Loop: 2312   Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying numbers.
Syntax Notes: **1**   At least one of REF02 or REF03 is required.
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	**Reference Number Qualifier**	M	ID 2/3
			Code qualifying the Reference Number.		
			1D Medicaid Provider Number		
	REF02	127	**Rendering Provider Medicaid ID**	X	AN 1/30
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.		
	REF03	352	**Description**	X	AN 1/80
			A free-form description to clarify the related data elements and their content		

	Segment:	**NM1** Purchased Service Provider Name			
	Position:	250			
	Loop:	2313	Optional		
	Level:	Detail			
	Usage:	Optional			
	Max Use:	1			
	Purpose:	To supply the full name of an individual or organizational entity			
	Syntax Notes:	**1**	If either NM108 or NM109 is present, then the other is required.		
	Semantic Notes:	**1**	NM102 qualifies NM103.		
	Comments:				

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	**ID 2/2**
			Code identifying an organizational entity, a physical location, or an individual		
			QB Purchase Service Provider		
			Entity from which medical supplies may be bought		
M	NM102	1065	**Entity Type Qualifier**	M	**ID 1/1**
			Code qualifying the type of entity		
			2 Non-Person Entity		
	NM103	1035	**Purchased Service Provider Name**	O	**AN 1/35**
			Individual last name or organizational name		
X	NM104	1036	**First Name**	O	**AN 1/25**
			Individual first name		
X	NM105	1037	**Middle Initial**	O	**AN 1/25**
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	**AN 1/10**
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	**AN 1/10**
			Suffix to individual name		
X	NM108	66	**Identification Code Qualifier**	X	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			24 Employer's Identification Number		
			34 Social Security Number		
			ZZ Mutually Defined		
X	NM109	67	**Referring Provider ID**	C	**AN 2/20**
			Code identifying a party or other code		
			This must be the National Provider Identifier (NPI) once the NPI is implemented.		

Segment: **N3** **Purchased Service Provider Address**

Position: 265
Loop: 2313   Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	N301	166	**Purchased Service Provider Street Address-1**	M	AN 1/35
			Address information		
	N302	166	**Purchased Service Provider Street Address -2**	O	AN 1/35
			Address information		

	Segment:	**N4** Purchased Service Provider City, State, ZIP

Segment: **N4** Purchased Service Provider City, State, ZIP
Position: 270
Loop: 2313   Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1   If N406 is present, then N405 is required.
Semantic Notes:
Comments: 1   A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2   N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
	N401	19	**Purchased Service Provider City**	O	AN 2/30
			Free-form text for city name		
	N402	156	**Purchased Service Provider State**	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate government agency		
	N403	116	**Purchased Service Provider ZIP Code**	O	ID 3/11
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
X	N404	26	**Country Code**	O	ID 2/3
			Code identifying the country		
X	N405	309	**Location Qualifier**	X	ID 1/2
			Code identifying type of location		
X	N406	310	**Location Identifier**	O	AN 1/30
			Code which identifies a specific location		

			Segment:	**NM1** Supervising Provider Name

Segment: **NM1** Supervising Provider Name
Position: 250
Loop: 2314 Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.
Semantic Notes: 1 NM102 qualifies NM103.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	**ID 2/2**
			Code identifying an organizational entity, a physical location, or an individual		
			DQ Supervising Physician		
M	NM102	1065	**Entity Type Qualifier**	M	**ID 1/1**
			Code qualifying the type of entity		
			1 Person		
	NM103	1035	**Supervising Provider Last Name**	O	**AN 1/35**
			Individual last name or organizational name		
	NM104	1036	**Supervising Provider First Name**	O	**AN 1/25**
			Individual first name		
	NM105	1037	**Supervising Provider Middle Initial**	O	**AN 1/25**
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	**AN 1/10**
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	**AN 1/10**
			Suffix to individual name		
	NM108	66	**Identification Code Qualifier**	X	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			24 Employer's Identification Number		
			34 Social Security Number		
			ZZ Mutually Defined		
			National Provider Identifier		
	NM109	67	**Supervising Provider ID**	C	**AN 2/20**
			Code identifying a party or other code		
			This must be the National Provider Identifier (NPI) once the NPI is implemented.		

Segment:	**N4** Supervising Provider City, State, ZIP
Position:	270
Loop:	2314 Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify the geographic place of the named party
Syntax Notes:	1 If N406 is present, then N405 is required.
Semantic Notes:	
Comments:	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
	2 N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
	N401	**19**	**Supervising Provider City**	**O**	**AN 2/30**
			Free-form text for city name		
	N402	**156**	**Supervising Provider State**	**O**	**ID 2/2**
			Code (Standard State/Province) as defined by appropriate government agency		
	N403	**116**	**Supervising Provider ZIP Code**	**O**	**ID 3/11**
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
X	**N404**	**26**	**Country Code**	**O**	**ID 2/3**
			Code identifying the country		
X	**N405**	**309**	**Location Qualifier**	**X**	**ID 1/2**
			Code identifying type of location		
X	**N406**	**310**	**Location Identifier**	**O**	**AN 1/30**
			Code which identifies a specific location		

			Segment:	**REF** Supervising Provider Medicaid ID

Segment: **REF** Supervising Provider Medicaid ID
Position: 271
Loop: 2314   Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying numbers.
Syntax Notes: 1   At least one of REF02 or REF03 is required.
Semantic Notes:
Comments:

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Data Element Summary

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	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	**Reference Number Qualifier**	M	ID 2/3
			Code qualifying the Reference Number.		
			1D Medicaid Provider Number		
M	REF02	127	**Reference Number**	M	AN 1/30
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.		
	REF03	352	**Description**	X	AN 1/80
			A free-form description to clarify the related data elements and their content		

	Segment:	**NM1** Ambulance EMT or Paramedic Name
	Position:	250
	Loop:	2315 Optional
	Level:	Detail
	Usage:	Optional
	Max Use:	1
	Purpose:	To supply the full name of an individual or organizational entity
	Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
	Semantic Notes:	1 NM102 qualifies NM103.
	Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	ID 2/2
			Code identifying an organizational entity, a physical location, or an individual		
			Use ZZ for Ambulance EMT or Paramedic Name Identifier.		
			ZZ　　　　　Mutually Defined		
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1
			Code qualifying the type of entity		
			1　　　　　Person		
	NM103	1035	**Ambulance EMT or Paramedic Last Name**	O	AN 1/35
			Individual last name or organizational name		
	NM104	1036	**Ambulance EMT or Paramedic First Name**	O	AN 1/25
			Individual first name		
	NM105	1037	**Ambulance EMT or Paramedic Middle Initial**	O	AN 1/25
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	AN 1/10
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	AN 1/10
			Suffix to individual name		
X	NM108	66	**Identification Code Qualifier**	X	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
			24　　　　　Employer's Identification Number		
			34　　　　　Social Security Number		
			ZZ　　　　　Mutually Defined		
X	NM109	67	**Referring Provider ID**	C	AN 2/20
			Code identifying a party or other code		
			This must be the National Provider Identifier (NPI) once the NPI is implemented.		

			Segment:	**NM1** Care Plan Oversight Provider

Segment: **NM1** Care Plan Oversight Provider

Position:	250
Loop:	2316 Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply the full name of an individual or organizational entity
Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
Semantic Notes:	1 NM102 qualifies NM103.
Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	**NM101**	**98**	**Entity Identifier Code**	M	**ID 2/2**
			Code identifying an organizational entity, a physical location, or an individual		
			FA Facility		
M	**NM102**	**1065**	**Entity Type Qualifier**	M	**ID 1/1**
			Code qualifying the type of entity		
			1 Person		
X	**NM103**	**1035**	**Provider Last Name**	O	**AN 1/35**
			Individual last name or organizational name		
X	**NM104**	**1036**	**Provider First Name**	O	**AN 1/25**
			Individual first name		
X	**NM105**	**1037**	**Provider Middle Initial**	O	**AN 1/25**
			Individual middle name or initial		
X	**NM106**	**1038**	**Name Prefix**	O	**AN 1/10**
			Prefix to individual name		
X	**NM107**	**1039**	**Name Suffix**	O	**AN 1/10**
			Suffix to individual name		
	NM108	**66**	**Identification Code Qualifier**	X	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			National Provider Identifier		
			MP Medicare Provider Number		
			Number assigned to a health care provider for submitting claims covered by Medicare benefits		
			ZZ Mutually Defined		
	NM109	**67**	**Care Plan Oversight Provider Number**	C	**AN 2/20**
			Code identifying a party or other code		
			This must be the National Provider Identifier (NPI) once the NPI is implemented.		

			Segment:	**LE** Loop Trailer

Segment: **LE** Loop Trailer
Position: 280
Loop: 2300   Mandatory
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To indicate that the loop immediately preceding this segment is complete
Syntax Notes:
Semantic Notes: 1   One loop may be nested contained within another loop, provided the inner nested loop terminates before the other loop. When specified by the standards setting body as mandatory, this segment in combination with "LS", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop beginning segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.
Comments: 1   See Figures Appendix for an explanation of the use of the LE and LS segments.
Notes: This segment MUST be used once, and only once, if NM1 at position 250 is used, regardless of the number of repetitions of loop 2310-2316.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	LE01	447	**Loop Identifier Code**	M AN 1/4

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE
Use 2310.

Segment:		**LS** Loop Header			

Segment: **LS** Loop Header

Position:	285
Loop:	2300 Mandatory
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To indicate that the next segment begins a loop
Syntax Notes:	
Semantic Notes:	1 One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with "LE", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.
Comments:	1 See Figures Appendix for an explanation of the use of the LS and LE segments.
Notes:	This segment must be used once, and only once, if SBR at position 290 is used, ragardless of the number of repetitions of loop 2320.

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Data Element Summary

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	Ref. Des.	Data Element	Name	Attributes	
M	**LS01**	**447**	**Loop Identifier Code**	**M**	**AN 1/4**

       The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE
       Use 2320.

	Segment:	**SBR** Additional Payer Information

Position: 290
Loop: 2320   Conditional
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Syntax Notes:
Semantic Notes:
    1   SBR02 specifies the relationship to the person insured.
    2   SBR03 is policy or group number.
    3   SBR04 is plan name.
    4   SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

Comments:
Notes: Required when the Medicaid patient has other insurance, including Medicare Part B.

If there is more than one additional insurance, repeat loop 2320.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	SBR01	1138	**Payer Responsibility Sequence Code**	**M** **ID 1/1**

Code indentifying the insurance carrier's level of responsibility for a payment of a claim
Code identifying the payer's level of responsibility for payment of this claim.

P		Primary
S		Secondary
T		Tertiary

	Ref. Des.	Data Element	Name	Attributes
M	SBR02	1069	**Patient Relationship to Insured**	**M** **ID 2/2**

Code indicating the relationship between two individuals or entities
Code specifying the relationship of the Medicaid patient to the insured.

01		Spouse
18		Self
19		Child
		Dependent between the ages of 0 and 19; age qualifications may vary depending on policy
21		Unknown

	Ref. Des.	Data Element	Name	Attributes
M	SBR03	127	**Payer Group or Policy Number**	**M** **AN 1/30**

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.
Identification number of the insured's group or policy as assigned by the payer.

	Ref. Des.	Data Element	Name	Attributes
	SBR04	93	**Payer Group Name**	**O** **AN 1/35**

Free-form name
Name of the insured's group as known to the payer.

	Ref. Des.	Data Element	Name	Attributes
M	SBR05	1336	**Insurance Type Code**	**M** **ID 1/3**

Code identifying the type of insurance policy within a specific insurance program
Code identifying the type of insurance.

AP		Auto Insurance Policy
C1		Commercial
GP		Group Policy
		Two or more people who are part of complete unit who enter into an insurance contract with an insurance company
HM		Health Maintenance Organization (HMO)

			IP	Individual Policy		
			LD	Long Term Policy		
			LT	Litigation		
			MB	Medicare Part B		
			MI	Medigap Part B		

Health insurance policy intended to cover the noncovered expenses which must be paid by a Medicare beneficiary for health care services and/or supplies received.

| | | | SP | Supplemental Policy | | |

An insurance policy intended to cover non-covered charges of another insurance policy

X	SBR06	1143	**Coordination of Benefits Code**		O	ID 1/1

Code identifying whether there is a coordination of benefits

X	SBR07	1073	**Yes/No Condition or Response Code**		O	ID 1/1

Code indicating a Yes or No condition or response

	SBR08	584	**Insured Employment Status Code**		O	ID 2/2

Code showing the general employment status of an employee/claimant

Code to indicate employment status of the insured individual.

			AO	Active Military - Overseas		
			AU	Active Military - USA		
			FT	Full-time		
			NE	Not Employed		
			PT	Part-time		
			RT	Retired		
			SE	Self-Employed		
			UK	Unknown		

X	SBR09	1032	**Claim Filing Indicator Code**		O	ID 1/2

Code identifying type of claim

Segment:	**AMT** Payer Allowed Amount				

Segment: **AMT** Payer Allowed Amount

Position: 300
Loop: 2320   Conditional
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To indicate the total monetary amount
Syntax Notes:
Semantic Notes:
Comments:
Notes: Mandatory when reporting other payer information.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AMT01	522	**Code to Qualify Amount**	M	ID 1/2
			Code to qualify amount		
			B6 Allowed - Actual		
			Amount considered for payment under the provisions of the contract		
M	AMT02	782	**Payer Allowed Amount**	M	R 1/15
			Monetary amount		
X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1
			Code indicating whether amount is a credit or debit		

			Segment:	**AMT** Payer Amount Paid

Segment: **AMT** Payer Amount Paid
Position: 300
Loop: 2320   Conditional
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To indicate the total monetary amount
Syntax Notes:
Semantic Notes:
Comments:
Notes: Mandatory when reporting other payer information.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	AMT01	522	**Code to Qualify Amount**	M	ID 1/2
			Code to qualify amount		
			D Payor Amount Paid		
M	AMT02	782	**Payer Amount Paid**	M	R 1/15
			Monetary amount		
X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1
			Code indicating whether amount is a credit or debit		

	Segment:	**AMT** Payer Disallowed Cost Containment			

Segment: **AMT** Payer Disallowed Cost Containment

Position: 300
Loop: 2320   Conditional
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To supply the primary payer's amount disallowed due to not meeting cost containment provisions.
Syntax Notes:
Semantic Notes:
Comments:
Notes: Mandatory when reporting other payer information.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AMT01	522	**Code to Qualify Amount**	M	ID 1/2

Code to qualify amount

Amount disallowed by the payer due to the failure of either the provider or insured to meet the cost containment provisions of the insurance contract, managed care contract, or preferred provider organization contract under which payment has been requested for this claim.

     C9   Disallowed Cost Containment - Actual

               Amount disallowed by the payer due to the failure of either the provider or insured to meet the cost containment provisions of the insurance contract, managed care contract or preferred provider organization contract under which payment has been requested for this claim

	Ref. Des.	Data Element	Name		Attributes
M	AMT02	782	**Payer Disallowed Cost Containment Amount**	M	R 1/15

Monetary amount

	Ref. Des.	Data Element	Name		Attributes
X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1

Code indicating whether amount is a credit or debit

				Segment:	**AMT** Payer Disallowed Other

Segment: **AMT** Payer Disallowed Other

Position:	300
Loop:	2320 Conditional
Level:	Detail
Usage:	Conditional
Max Use:	1
Purpose:	To supply the primary payer's disallowed amount.
Syntax Notes:	
Semantic Notes:	
Comments:	
Notes:	Mandatory when reporting other payer information.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AMT01	522	**Code to Qualify Amount**	M	ID 1/2
			Code to qualify amount		
			Calculated value rejected to the individual.		
			A6 Disallowed - Actual		
			Calculated value rejected to the individual		
M	AMT02	782	**Payer Disallowed Amount**	M	R 1/15
			Monetary amount		
X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1
			Code indicating whether amount is a credit or debit		

	Segment:	**AMT** Deductible Amount		

Segment: **AMT** Deductible Amount
Position: 300
Loop: 2320   Conditional
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To supply the deductible amount.
Syntax Notes:
Semantic Notes:
Comments:
Notes: Mandatory when reporting other payer information, including Medicare Part B.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AMT01	522	**Code to Qualify Amount**	M	ID 1/2
			Code to qualify amount		
			D2 Deductible Amount		
			The amount of covered expenses that must be incurred by the insured before benefits become payable to the insurer		
M	AMT02	782	**Deductible Amount**	M	R 1/15
			Monetary amount		
X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1
			Code indicating whether amount is a credit or debit		

	Segment:	**AMT** Coinsurance Amount

Segment: **AMT** Coinsurance Amount
Position: 300
Loop: 2320   Conditional
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To supply the coinsurance.
Syntax Notes:
Semantic Notes:
Comments:
Notes: Mandatory when reporting other payer information, including Medicare Part B.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	AMT01	522	**Code to Qualify Amount**	M	ID 1/2
			Code to qualify amount		
			B9 Co-insurance - Actual		
			Calculated value still to be paid by the individual under the co-insurance provisions of the benefit contract		
M	AMT02	782	**Coinsurance Amount**	M	R 1/15
			Monetary amount		
X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1
			Code indicating whether amount is a credit or debit		

	Segment:	**DMG** Other Insured Date of Birth and Sex
	Position:	305
	Loop:	2320 Conditional
	Level:	Detail
	Usage:	Conditional
	Max Use:	1
	Purpose:	To supply demographic information
	Syntax Notes:	1 If either DMG01 or DMG02 is present, then the other is required.
	Semantic Notes:	1 DMG02 is the date of birth.
		2 DMG07 is the country of citizenship.
		3 DMG09 is the age in years.
	Comments:	
	Notes:	Required when the Medicaid patient is not the insured.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	DMG01	1250	**Date Time Period Format Qualifier**	M ID 2/3
			Code indicating the date format, time format, or date and time format	
			D8 Date Expressed in Format CCYYMMDD	
M	DMG02	1251	**Other Insured date of birth**	M AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times	
M	DMG03	1068	**Other Insured Sex**	M ID 1/1
			Code indicating the sex of the individual	
			F Female	
			M Male	
X	DMG04	1067	**Marital Status Code**	O ID 1/1
			Code defining the marital status of a person	
X	DMG05	1109	**Race or Ethnicity Code**	O ID 1/1
			Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes	
X	DMG06	1066	**Citizenship Status Code**	O ID 1/2
			Code indicating citizenship status	
X	DMG07	26	**Country Code**	O ID 2/3
			Code identifying the country	
X	DMG08	659	**Basis of Verification Code**	O ID 1/2
			Code indicating the basis of verification	
X	DMG09	380	**Quantity**	O R 1/15
			Numeric value of quantity	

Segment:	**OI** Payer Type of Insurance				
Position:	310				
Loop:	2320	Conditional			
Level:	Detail				
Usage:	Conditional				
Max Use:	1				
Purpose:	To specify information associated with other health insurance coverage				
Syntax Notes:					
Semantic Notes:	1	OI03 is the assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.			
Comments:					
Notes:	Required when the Medicaid patient is not the insured.				

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	OI01	1032	**Payer Type of Insurance**	M	ID 1/2
			Code identifying type of claim		
			16	Health Maintenance Organization (HMO) Medicare Risk	
			AM	Automobile Medical	
			BL	Blue Cross/Blue Shield	
			CH	Champus	
			CI	Commercial Insurance Co.	
			DS	Disability	
			HM	Health Maintenance Organization	
			LI	Liability	
			LM	Liability Medical	
			MB	Medicare Part B	
			OF	Other Federal Program	
			VA	Veteran Administration Plan	
			WC	Workers' Compensation Health Claim	
X	OI02	1383	**Claim Submission Reason Code**	O	ID 2/2
			Code identifying reason for claim submission		
M	OI03	1073	**Assignment of Benefits Indicator**	M	ID 1/1
			Code indicating a Yes or No condition or response		
			N	No	
			Y	Yes	
	OI04	1351	**Patient Signature Source**	O	ID 1/1
			Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider		
X	OI05	1360	**Provider Agreement Code**	O	ID 1/1
			Code indicating the type of agreement under which the provider is submitting this claim		
X	OI06	1363	**Release of Information Code**	O	ID 1/1
			Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations		

	Segment:	**NM1** Additional Payer Name
	Position:	325
	Loop:	2330 Conditional
	Level:	Detail
	Usage:	Conditional
	Max Use:	1
	Purpose:	To supply the full name of an individual or organizational entity
	Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
	Semantic Notes:	1 NM102 qualifies NM103.
	Comments:	
	Notes:	Required when the Medicaid patient has other insurance, including Medicare Part B.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	**NM101**	**98**	**Entity Identifier Code**	**M**	**ID 2/2**
			Code identifying an organizational entity, a physical location, or an individual		
			PR Payer		
M	**NM102**	**1065**	**Entity Type Qualifier**	**M**	**ID 1/1**
			Code qualifying the type of entity		
			2 Non-Person Entity		
M	**NM103**	**1035**	**Additional Payer Name**	**M**	**AN 1/35**
			Individual last name or organizational name		
X	**NM104**	**1036**	**Name First**	**O**	**AN 1/25**
			Individual first name		
X	**NM105**	**1037**	**Name Middle**	**O**	**AN 1/25**
			Individual middle name or initial		
X	**NM106**	**1038**	**Name Prefix**	**O**	**AN 1/10**
			Prefix to individual name		
X	**NM107**	**1039**	**Name Suffix**	**O**	**AN 1/10**
			Suffix to individual name		
	NM108	**66**	**Identification Code Qualifier**	**X**	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			PI Payor Identification		
			ZZ Mutually Defined		
			National Provider Identifier		
	NM109	**67**	**Additional Payer Identification Number**	**X**	**AN 2/20**
			Code identifying a party or other code		
			The National Payer Identifier (NPI) must be entered once it is implemented.		

	Segment:	**N3** Additional Payer Address
	Position:	332
	Loop:	2330 Conditional
	Level:	Detail
	Usage:	Optional
	Max Use:	2
	Purpose:	To specify the location of the named party
	Syntax Notes:	
	Semantic Notes:	
	Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	N301	166	**Additional Payer Address Line 1**	M	AN 1/35
			Address information		
	N302	166	**Additional Payer Address Line 2**	O	AN 1/35
			Address information		

Segment:		**N4** Additional Payer City, State, ZIP		
Position:	340			
Loop:	2330	Conditional		
Level:	Detail			
Usage:	Optional			
Max Use:	1			
Purpose:	To specify the geographic place of the named party			
Syntax Notes:	**1**	If N406 is present, then N405 is required.		
Semantic Notes:				
Comments:	**1**	A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.		
	2	N402 is required only if city name (N401) is in the USA or Canada.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	**N401**	**19**	**Additional Payer City**	**M**	**AN 2/30**
			Free-form text for city name		
M	**N402**	**156**	**Additional Payer State**	**M**	**ID 2/2**
			Code (Standard State/Province) as defined by appropriate government agency		
M	**N403**	**116**	**Additional Payer ZIP**	**M**	**ID 3/11**
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
X	**N404**	**26**	**Country Code**	**O**	**ID 2/3**
			Code identifying the country		
X	**N405**	**309**	**Location Qualifier**	**X**	**ID 1/2**
			Code identifying type of location		
X	**N406**	**310**	**Location Identifier**	**O**	**AN 1/30**
			Code which identifies a specific location		

	Segment:	**NM1** Other Insured Name
	Position:	325
	Loop:	2331 Conditional
	Level:	Detail
	Usage:	Conditional
	Max Use:	1
	Purpose:	To supply the full name of an individual or organizational entity
	Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
	Semantic Notes:	1 NM102 qualifies NM103.
	Comments:	
	Notes:	Required when the Medicaid patient is not the insured.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	ID 2/2
			Code identifying an organizational entity, a physical location, or an individual		
			IL Insured or Subscriber		
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1
			Code qualifying the type of entity		
			1 Person		
M	NM103	1035	**Other Insured Last Name**	M	AN 1/35
			Individual last name or organizational name		
M	NM104	1036	**Other Insured First Name**	M	AN 1/25
			Individual first name		
	NM105	1037	**Other Insured Middle Name**	O	AN 1/25
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	AN 1/10
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	AN 1/10
			Suffix to individual name		
M	NM108	66	**Identification Code Qualifier**	M	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
			24 Employer's Identification Number		
			34 Social Security Number		
			MI Member Identification Number		
M	NM109	67	**Other Insured Identification Number**	M	AN 2/20
			Code identifying a party or other code		

	Segment:	**N3** Other Insured Address

Position: 332
Loop: 2331   Conditional
Level: Detail
Usage: Conditional
Max Use: 2
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:
Notes: Required when the Medicaid patient is not the insured.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	N301	166	**Other Insured Address Line 1**	M	AN 1/35
			Address information		
	N302	166	**Other Insured Address Line 2**	O	AN 1/35
			Address information		

			Segment:	**N4** Other Insured City, State, ZIP

Segment: **N4** Other Insured City, State, ZIP
Position: 340
Loop: 2331 Conditional
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.
Semantic Notes:
Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2 N402 is required only if city name (N401) is in the USA or Canada.
Notes: Required when the Medicaid patient is not the insured.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	N401	19	**Other Insured City**	M	**AN 2/30**
			Free-form text for city name		
M	N402	156	**Other Insured State**	M	**ID 2/2**
			Code (Standard State/Province) as defined by appropriate government agency		
M	N403	116	**Other Insured ZIP**	M	**ID 3/11**
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
X	N404	26	**Country Code**	O	**ID 2/3**
			Code identifying the country		
X	N405	309	**Location Qualifier**	X	**ID 1/2**
			Code identifying type of location		
X	N406	310	**Location Identifier**	O	**AN 1/30**
			Code which identifies a specific location		

Segment:		**PER** Other Insured Phone			

Position: 345
Loop: 2331   Conditional
Level: Detail
Usage: Optional
Max Use: 2
Purpose: To identify a person or office to whom administrative communications should be directed
Syntax Notes:
1. If either PER03 or PER04 is present, then the other is required.
2. If either PER05 or PER06 is present, then the other is required.
3. If either PER07 or PER08 is present, then the other is required.

Semantic Notes:
Comments:

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Data Element Summary

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	Ref. Des.	Data Element	Name		Attributes
M	PER01	366	**Contact Function Code**	M	**ID 2/2**
			Code identifying the major duty or responsibility of the person or group named		
			IP Insured Party		
X	PER02	93	**Name**	O	**AN 1/35**
			Free-form name		
	PER03	365	**Communication Number Qualifier**	X	**ID 2/2**
			Code identifying the type of communication number		
			TE Telephone		
	PER04	364	**Other Insured Phone**	X	**AN 1/80**
			Complete communications number including country or area code when applicable		
X	PER05	365	**Communication Number Qualifier**	X	**ID 2/2**
			Code identifying the type of communication number		
X	PER06	364	**Communication Number**	X	**AN 1/80**
			Complete communications number including country or area code when applicable		
X	PER07	365	**Communication Number Qualifier**	X	**ID 2/2**
			Code identifying the type of communication number		
X	PER08	364	**Communication Number**	X	**AN 1/80**
			Complete communications number including country or area code when applicable		
	PER09	443	**Contact Inquiry Reference**	O	**AN 1/20**
			Additional reference number or description to clarify a contact number		

Segment: # DTP Insured Retirement Date

Position: 350
Loop: 2331   Conditional
Level: Detail
Usage: Optional
Max Use: 9
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: 1   DTP02 is the date or time or period format that will appear in DTP03.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3

Code specifying type of date or time, or both date and time

     286   Retirement

                        Date on which the subscriber became retired

	Ref. Des.	Data Element	Name		Attributes
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3

Code indicating the date format, time format, or date and time format

     D8   Date Expressed in Format CCYYMMDD

	Ref. Des.	Data Element	Name		Attributes
M	DTP03	1251	**Insured Retirement Date**	M	AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

Segment:		**NM1** Employer Name			
Position:		325			
Loop:		2332	Conditional		
Level:		Detail			
Usage:		Conditional			
Max Use:		1			
Purpose:		To supply the full name of an individual or organizational entity			
Syntax Notes:		1	If either NM108 or NM109 is present, then the other is required.		
Semantic Notes:		1	NM102 qualifies NM103.		
Comments:					
Notes:		Required when the insured's primary payer policy is an employee group plan.			

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	NM101	98	**Entity Identifier Code**	M	ID 2/2
			Code identifying an organizational entity, a physical location, or an individual		
			36 Employer		
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1
			Code qualifying the type of entity		
			2 Non-Person Entity		
	NM103	1035	**Employer Name**	O	AN 1/35
			Individual last name or organizational name		
			Name of the insured's employer.		
X	NM104	1036	**Name First**	O	AN 1/25
			Individual first name		
X	NM105	1037	**Name Middle**	O	AN 1/25
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	AN 1/10
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	AN 1/10
			Suffix to individual name		
X	NM108	66	**Identification Code Qualifier**	X	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
X	NM109	67	**Identification Number**	X	AN 2/20
			Code identifying a party or other code		

Segment:		$\textbf{LE}$ **Loop Trailer**		

Position: 360
Loop: 2300   Mandatory
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To indicate that the loop immediately preceding this segment is complete
Syntax Notes:
Semantic Notes: 1   One loop may be nested contained within another loop, provided the inner nested loop terminates before the other loop. When specified by the standards setting body as mandatory, this segment in combination with "LS", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop beginning segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.
Comments: 1   See Figures Appendix for an explanation of the use of the LE and LS segments.
Notes: This segment MUST be used once, and only once, if SBR at position 290 is used, regardless of the number of repetitions of loop 2400.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	LE01	447	**Loop Identifier Code**	M AN 1/4

         The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE
         Use 2320.

Segment: **LX** Assigned Number
Position: 365
Loop: 2400   Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To reference a line number in a transaction set
Syntax Notes:
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	LX01	554	**Assigned Number**	M N0 1/6

Number assigned for differentiation within a transaction set

Service line number, beginning with 1, incremented by 1 for each service line. The maximum number of service lines per claim iscurrently 44.

	Segment:	**SV1** Professional Service	

Position: 370
Loop: 2400 Mandatory
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To specify the claim service detail for a Health Care professional
Syntax Notes: 1 If either SV103 or SV104 is present, then the other is required.
Semantic Notes: 1 SV102 is the submitted charge amount.
2 SV105 is the place of service.
3 SV108 is the independent lab charges.
4 SV109 is the emergency-related indicator; a "Y" value indicates service provided was emergency related; an "N" value indicates service provided was not emergency related.
5 SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement.
6 SV112 is family planning involvement; a "Y" value indicates family planning services involvement; a "N" value indicates no family planning services involvement.
7 SV117 is the health care manpower shortage area (HMSA) facility identification.
8 SV118 is the health care manpower shortage area (HMSA) zip code.
9 SV119 is a noncovered charge amount.
Comments: 1 If SV113 is equal to "L" or "N", then SV114 is required.
Notes: Required for every service (non-anesthesia).

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	SV101	C003	**Composite Medical Procedure**	M	

To identify a medical procedure by its standardized codes and applicable modifiers

M	C00301	235	**Procedure Coding System**	M	ID 2/2

Code identifying the type/source of the descriptive number used in Product/Service ID (234)

    HC   Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
                        HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments

M	C00302	234	**HCPCs Procedure Code**	M	AN 1/40

Identifying number for a product or service

The HCPCS/CPT-4 code that describes the service.

	C00303	1339	**HCPCS Modifier 1**	O	AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

A code to identify special circumstances related to the performance of the service. Enter the first Procedure modifier, if applicable.

	C00304	1339	**HCPCS Modifier 2**	O	AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

A code to identify special circumstances related to the performance of the service. Enter the second Procedure modifier, if applicable.

	C00305	1339	**HCPCS Modifier 3**	O	AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

A code to identify special circumstances related to the performance of the

service. Enter the third Procedure modifier, if applicable.

| | C00306 | 1339 | **HCPCS Modifier 4** | O | AN 2/2 |

This identifies special circumstances related to the performance of the service, as defined by trading partners

A code to identify special circumstances related to the performance of the service. Enter the fourth Procedure modifier, if applicable.

| X | C00307 | 352 | **Description** | O | AN 1/80 |

A free-form description to clarify the related data elements and their content

| M | SV102 | 782 | **Line Charges** | M | R 1/15 |

Monetary amount

The charges related to this service. Submitted charge amount in dollars. Optionally may include cents. The decimal point is ONLY required when sending cents. Leading and trailing zeroes should not be used. Use "25" instead of "25.00" or "25.1" instead of "25.10"

| M | SV103 | 355 | **Unit or Basis for Measurement Code** | M | ID 2/2 |

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

  UN   Unit

| M | SV104 | 380 | **Units of Service** | M | R 1/15 |

Numeric value of quantity

The number of services rendered in days or units.

| | SV105 | 1331 | **Place of Service** | O | AN 1/2 |

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format
The code that identifies where this service was performed. Two digit HCFA place of service as follows:

11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35	Adult Living Care Facility
41	Ambulance - Land
42	Ambulance - Air or Water
50	Federally Qualified Health Care Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility / Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Staage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic

| | | | 81 | Independent Laboratory | | |
| | | | 99 | Other Unlisted Facility | | |

X	SV106	1365	**Service Type Code**	O	ID 1/2
			Code identifying the classification of service		
	SV107	C004	**Composite Diagnosis Code Pointer**	O	
			To identify one or more diagnosis code pointers		
M	C00401	1328	**Diagnosis Code Pointer 1**	M	N0 1/2
			A pointer to the claim diagnosis code in the order of importance to this service		
	C00402	1328	**Diagnosis Code Pointer 2**	O	N0 1/2
			A pointer to the claim diagnosis code in the order of importance to this service		
	C00403	1328	**Diagnosis Code Pointer 3**	O	N0 1/2
			A pointer to the claim diagnosis code in the order of importance to this service		
	C00404	1328	**Diagnosis Code Pointer 4**	O	N0 1/2
			A pointer to the claim diagnosis code in the order of importance to this service		
X	SV108	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
M	SV109	1073	**Emergency Related Indicator**	M	ID 1/1
			Code indicating a Yes or No condition or response		
			N	No		
			Y	Yes		
X	SV110	1340	**Multiple Procedure Code**	O	ID 1/2
			Code indicating proper adjudication and payment determination in cases involving multiple surgical procedures during the same surgical session		
	SV111	1073	**Hospice Employed Provider**	O	ID 1/1
			Code indicating a Yes or No condition or response		
			N	No		
			Y	Yes		
X	SV112	1073	**Yes/No Condition or Response Code**	O	ID 1/1
			Code indicating a Yes or No condition or response		
	SV113	1364	**Review by Code Indicator**	O	ID 1/2
			Code identifying extenuating circumstances or justifications which might assist any review of the medical necessity for this service		
			Indicator describing extenuating circumstances or justifications which might assist in any review of the medical necessity for this service.		

D — Provider/Supplier determined the service is not covered, but the patient is requesting a formal review by the payor

E — Beneficiary was notified that the item might not be considered medically necessary and has agreed in writing to pay for the item; A signed waiver is on file with the provider

F — Beneficiary was notified that the item might not be considered medically necessary and has not agreed to pay for the item; No signed waiver is on file with the provider

X	SV114	1341	**National or Local Assigned Review Value**	O	AN 1/2
			Value assigned by national or local organizations for various healthcare data elements		
X	SV115	1327	**Copay Status Code**	O	ID 1/1
			Code indicating whether or not co-payment requirements were met on a line by line basis		
	SV116	1334	**HSPA Indicator**	O	ID 1/1
			Code identifying the Health Care Professional Shortage Area Code (HPSA)		
			A code that identifies a Healthcare Professional Shortage Area (HSPA).		
	SV117	127	**HSPA Facility Identification**	O	AN 1/30
			Reference number or identification number as defined for a particular		

Transaction Set, or as specified by the Reference Number Qualifier.

Healthcare Professional Shortage Area (HPSA) facility identification. The identifier assigned by the Payer to the HPSA facility.

	SV118	116	**HSPA Facility ZIP Code**	O	ID 3/11

Code defining international postal zone code excluding punctuation and blanks (zip code for United States)
The ZIP Code of the HPSA facility location.

X	SV119	782	**Monetary Amount**	O	R 1/15

Monetary amount

X	SV120	1337	**Level of Care Code**	O	ID 1/1

Code specifying the level of care provided by a nursing home facility

X	SV121	1360	**Provider Agreement Code**	O	ID 1/1

Code indicating the type of agreement under which the provider is submitting this claim

	Segment:	**SV6** Anesthesia Service
	Position:	405
	Loop:	2400 Mandatory
	Level:	Detail
	Usage:	Conditional
	Max Use:	1
	Purpose:	To specify the claim service detail for anesthesia
	Syntax Notes:	**1** If either SV602 or SV603 is present, then the other is required.
	Semantic Notes:	**1** SV604 is the submitted charge.
		2 SV606 is the number of anesthesia minutes.
		3 SV607 is the CRNA supervision indicator. A ``Y'' value indicates that services were performed personally by a Certified Registered Nurse Anesthetist (CRNA) who was medically directed by a physician other than the operating surgeon, assistant surgeon, or attending physician. An ``N'' value indicates that the services were performed personally by a Certified Registered Nurse Anesthetist (CRNA) who was medically directed by the operating surgeon, assistant surgeon, or attending physician.
	Comments:	
	Notes:	Required for Anesthesia Services.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	SV601	C003	**Composite Medical Procedure Identifier**	M
			To identify a medical procedure by its standardized codes and applicable modifiers	
M	C00301	235	**Procedure Coding System**	M ID 2/2
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)	
			HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	
			HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments	
M	C00302	234	**HCPCS Procedure Code**	M AN 1/40
			Identifying number for a product or service	
			The HCPCS/CPT-4 code that describes the service.	
M	C00303	1339	**HCPCS Modifier 1**	M AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
			A code to identify special circumstances related to the performance of the service. Enter the first Procedure modifer, if applicable.	
	C00304	1339	**HCPCS Modifier 2**	O AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
			A code to identify special circumstances related to the performance of the service. Enter the second Procedure modifer, if applicable.	
	C00305	1339	**HCPCS Modifier 3**	O AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
			A code to identify special circumstances related to the performance of the service. Enter the third Procedure modifer, if applicable.	
	C00306	1339	**HCPCS Modifier 4**	O AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
			A code to identify special circumstances related to the performance of the service. Enter the fourth Procedure modifer, if applicable.	
X	C00307	352	**Description**	O AN 1/80

A free-form description to clarify the related data elements and their content

| | SV602 | 1332 | **Facility Code Qualifier** | X | ID 1/2 |

Code identifying the type of facility referenced

 B   Place of service code from the FAO record of the
         Electronic Media Claims National Standard Format

| | SV603 | 1331 | **Facility Code Value** | X | AN 1/2 |

Code identifying the type of facility where services were performed; the first
and second positions of the Uniform Bill Type code or the Place of Service
code from the Electronic Media Claims National Standard Format

The code that identifies where this service was performed. Two digit HCFA
place of service as follows:

Code	Description
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35	Adult Living Care Facility
41	Ambulance - Land
42	Ambulance - Air or Water
50	Federally Qualified Health Care Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility / Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Staage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility

| M | SV604 | 782 | **Service Line Charges** | M | R 1/15 |

Monetary amount

Submitted charge amount in dollars. Optionally may include cents. The
decimal point is ONLY required when sending cents. Leading and trailing
zeroes should not be used. Use "25" instead of "25.00" or "25.1" instead of
"25.10".

| | SV605 | C004 | **Composite Diagnosis Code Pointer** | O | |

To identify one or more diagnosis code pointers

| M | C00401 | 1328 | **Diagnosis Code Pointer 1** | M | N0 1/2 |

A pointer to the claim diagnosis code in the order of importance to this service

| | C00402 | 1328 | **Diagnosis Code Pointer 2** | O | N0 1/2 |

A pointer to the claim diagnosis code in the order of importance to this service

| | C00403 | 1328 | **Diagnosis Code Pointer 3** | O | N0 1/2 |

A pointer to the claim diagnosis code in the order of importance to this service

| | C00404 | 1328 | Diagnosis Code Pointer 4 | | O | N0 1/2 |

A pointer to the claim diagnosis code in the order of importance to this service

| M | SV606 | 380 | Anesthesia Minutes | | M | R 1/15 |

Numeric value of quantity

The actual number of minutes patient was anesthetized.

| X | SV607 | 1073 | Yes/No Condition or Response Code | | O | ID 1/1 |

Code indicating a Yes or No condition or response

	Segment:	**HI** Health Care Information Codes
	Position:	415
	Loop:	2400 Mandatory
	Level:	Detail
	Usage:	Optional
	Max Use:	25
	Purpose:	To supply information related to the delivery of health care
	Syntax Notes:	1 If either C02203 or C02204 is present, then the other is required.
		2 If either C02203 or C02204 is present, then the other is required.
		3 If either C02203 or C02204 is present, then the other is required.
		4 If either C02203 or C02204 is present, then the other is required.
		5 If either C02203 or C02204 is present, then the other is required.
		6 If either C02203 or C02204 is present, then the other is required.
		7 If either C02203 or C02204 is present, then the other is required.
		8 If either C02203 or C02204 is present, then the other is required.
		9 If either C02203 or C02204 is present, then the other is required.
		10 If either C02203 or C02204 is present, then the other is required.
		11 If either C02203 or C02204 is present, then the other is required.
		12 If either C02203 or C02204 is present, then the other is required.
	Semantic Notes:	
	Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	HI01	C022	**Health Care Code Information**	M	
			To send health care codes and their associated dates, amounts and quantities		
M	C02201	1270	**Health Care Codes**	M	ID 1/3
			Code identifying a specific industry code list		
			BL Routine Foot Care Class Findings		
M	C02202	1271	**Class Findings 1**	M	AN 1/30
			Code indicating a code from a specific industry code list		
			Code for class findings for routine foot care. Use NSF codes.		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		
	HI02	C022	**Health Care Codes**	O	
			To send health care codes and their associated dates, amounts and quantities		
M	C02201	1270	**Code List Qualifier Code**	M	ID 1/3
			Code identifying a specific industry code list		
			BL Routine Foot Care Class Findings		
M	C02202	1271	**Class Findings 2**	M	AN 1/30
			Code indicating a code from a specific industry code list		
			Code for class findings for routine foot care.		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		

X	C02205	782	**Monetary Amount**	O	R 1/15

Monetary amount

X	C02206	380	**Quantity**	O	R 1/15

Numeric value of quantity

	HI03	C022	**Health Care Code Information**	O	

To send health care codes and their associated dates, amounts and quantities

M	C02201	1270	**Health Care Codes**	M	ID 1/3

Code identifying a specific industry code list

    BL   Routine Foot Care Class Findings

M	C02202	1271	**Class Findings 3**	M	AN 1/30

Code indicating a code from a specific industry code list

Code for class findings for routine foot care.

X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3

Code indicating the date format, time format, or date and time format

X	C02204	1251	**Date Time Period**	X	AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

X	C02205	782	**Monetary Amount**	O	R 1/15

Monetary amount

X	C02206	380	**Quantity**	O	R 1/15

Numeric value of quantity

	HI04	C022	**Health Care Code Information**	O	

To send health care codes and their associated dates, amounts and quantities

M	C02201	1270	**Health Care Codes**	M	ID 1/3

Code identifying a specific industry code list

    BM   Systemic Condition for Routine Foot Care

M	C02202	1271	**Podiatry Service Condition**	M	AN 1/30

Code indicating a code from a specific industry code list

Podiatry service condition code for routine foot care. Use NSF codes.

X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3

Code indicating the date format, time format, or date and time format

X	C02204	1251	**Date Time Period**	X	AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

X	C02205	782	**Monetary Amount**	O	R 1/15

Monetary amount

X	C02206	380	**Quantity**	O	R 1/15

Numeric value of quantity

X	HI05	C022	**Health Care Code Information**	O	

To send health care codes and their associated dates, amounts and quantities

X	C02201	1270	**Code List Qualifier Code**	M	ID 1/3

Code identifying a specific industry code list

X	C02202	1271	**Industry Code**	M	AN 1/30

Code indicating a code from a specific industry code list

X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3

Code indicating the date format, time format, or date and time format

X	C02204	1251	**Date Time Period**	X	AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

X	C02205	782	**Monetary Amount**	O	R 1/15

Monetary amount

X	C02206	380	**Quantity**	O	R 1/15

Numeric value of quantity

X	HI06	C022	**Health Care Code Information**	O	

To send health care codes and their associated dates, amounts and quantities

X	C02201	1270	**Code List Qualifier Code**	M	**ID 1/3**

Code identifying a specific industry code list

X	C02202	1271	**Industry Code**	M	**AN 1/30**

Code indicating a code from a specific industry code list

X	C02203	1250	**Date Time Period Format Qualifier**	X	**ID 2/3**

Code indicating the date format, time format, or date and time format

X	C02204	1251	**Date Time Period**	X	**AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times

X	C02205	782	**Monetary Amount**	O	**R 1/15**

Monetary amount

X	C02206	380	**Quantity**	O	**R 1/15**

Numeric value of quantity

X	HI07	C022	**Health Care Code Information**	O	

To send health care codes and their associated dates, amounts and quantities

X	C02201	1270	**Code List Qualifier Code**	M	**ID 1/3**

Code identifying a specific industry code list

X	C02202	1271	**Industry Code**	M	**AN 1/30**

Code indicating a code from a specific industry code list

X	C02203	1250	**Date Time Period Format Qualifier**	X	**ID 2/3**

Code indicating the date format, time format, or date and time format

X	C02204	1251	**Date Time Period**	X	**AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times

X	C02205	782	**Monetary Amount**	O	**R 1/15**

Monetary amount

X	C02206	380	**Quantity**	O	**R 1/15**

Numeric value of quantity

X	HI08	C022	**Health Care Code Information**	O	

To send health care codes and their associated dates, amounts and quantities

X	C02201	1270	**Code List Qualifier Code**	M	**ID 1/3**

Code identifying a specific industry code list

X	C02202	1271	**Industry Code**	M	**AN 1/30**

Code indicating a code from a specific industry code list

X	C02203	1250	**Date Time Period Format Qualifier**	X	**ID 2/3**

Code indicating the date format, time format, or date and time format

X	C02204	1251	**Date Time Period**	X	**AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times

X	C02205	782	**Monetary Amount**	O	**R 1/15**

Monetary amount

X	C02206	380	**Quantity**	O	**R 1/15**

Numeric value of quantity

X	HI09	C022	**Health Care Code Information**	O	

To send health care codes and their associated dates, amounts and quantities

X	C02201	1270	**Code List Qualifier Code**	M	**ID 1/3**

Code identifying a specific industry code list

X	C02202	1271	**Industry Code**	M	**AN 1/30**

Code indicating a code from a specific industry code list

X	C02203	1250	**Date Time Period Format Qualifier**	X	**ID 2/3**

Code indicating the date format, time format, or date and time format

X	C02204	1251	**Date Time Period**	X	**AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times

X	C02205	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		
X	**HI10**	C022	**Health Care Code Information**	O	
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	**Code List Qualifier Code**	M	ID 1/3
			Code identifying a specific industry code list		
X	C02202	1271	**Industry Code**	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		
X	**HI11**	C022	**Health Care Code Information**	O	
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	**Code List Qualifier Code**	M	ID 1/3
			Code identifying a specific industry code list		
X	C02202	1271	**Industry Code**	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		
X	**HI12**	C022	**Health Care Code Information**	O	
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	**Code List Qualifier Code**	M	ID 1/3
			Code identifying a specific industry code list		
X	C02202	1271	**Industry Code**	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	**Date Time Period Format Qualifier**	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
X	C02204	1251	**Date Time Period**	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	**Monetary Amount**	O	R 1/15
			Monetary amount		
X	C02206	380	**Quantity**	O	R 1/15
			Numeric value of quantity		

	Segment:	**CR1** Ambulance Certification

Position:	425
Loop:	2400 Mandatory
Level:	Detail
Usage:	Conditional
Max Use:	1
Purpose:	To supply information related to the ambulance service rendered to a patient
Syntax Notes:	1 If either CR101 or CR102 is present, then the other is required.
	2 If either CR105 or CR106 is present, then the other is required.
Semantic Notes:	1 CR102 is the weight of the patient at time of transport.
	2 CR106 is the distance traveled during transport.
	3 CR107 is the address of origin.
	4 CR108 is the address of destination.
	5 CR109 is the purpose for the round trip ambulance service.
	6 CR110 is the purpose for the usage of a stretcher during ambulance service.
Comments:	
Notes:	Required for ambulance services.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
	CR101	355	Unit of Weight	X	ID 2/2

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

LB   Pound

	CR102	81	Weight of Patient	X	R 1/10

Numeric value of weight

Weight of patient at time of transport.

M	CR103	1316	Type of Transport	M	ID 1/1

Code indicating the type of ambulance transport

A code to indicate the type of transport.

I	Initial Trip
R	Return Trip
T	Transfer Trip
	Ambulance from one facility to another
X	Round Trip

	CR104	1317	Transported To/For	O	ID 1/1

Code indicating the reason for ambulance transport

A code to indicate whether the patient was transported to the nearest facility or for other considerations.

M	CR105	355	Unit of Distance	M	ID 2/2

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

DH   Miles

M	CR106	380	Miles	M	R 1/15

Numeric value of quantity

Number of miles traveled during this ambulance service.

	CR107	166	Origin Information	O	AN 1/35

Address information

Address of origin. A free form narrative to submit address information, etc. Original information.

	CR108	166	Destination Information	O	AN 1/35

Address information

Free form description to indicate address, etc. Address of destination.

	CR109	352	Purpose of Round Trip	O	AN 1/80

A free-form description to clarify the related data elements and their content

Free form description to indicate the purpose for the round trip ambulance service.

CR110   **352**   **Purpose of Stretcher**   **O   AN 1/80**

A free-form description to clarify the related data elements and their content

Free form description to indicate the purpose for the usage of a stretcher during the ambulance service.

	Segment:	**CR2** Chiropractic Certification

Position: 430
Loop: 2400   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply information related to the chiropractic service rendered to a patient
Syntax Notes:
  1   If either CR201 or CR202 is present, then the other is required.
  2   If CR204 is present, then CR203 is required.
  3   If either CR205 or CR206 is present, then the other is required.
Semantic Notes:
  1   CR201 is the number this treatment is in the series.
  2   CR202 is the total number of treatments in the series.
  3   CR206 is the time period involved in the treatment series.
  4   CR207 is the number of treatments rendered in the month of service.
  5   CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition.
  6   CR210 is a description of the patient's condition.
  7   CR211 is an additional description of the patient's condition.
  8   CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.
Comments:
  1   When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
	CR201	**609**	**Number in Series**	**X**	**N0 1/9**
			Occurence counter		
			Number in the series of treatment being submitted on this service line. NOTE: When translating from the NSF, do not include the dash '-' since the length of this DE is only 6 positions. When translating back to the NSF you must place a dash '-' in the fourth position.		
X	**CR202**	**380**	**Quantity**	**X**	**R 1/15**
			Numeric value of quantity		
	CR203	**1367**	**Level of Subluxation**	**X**	**ID 2/3**
			Code identifying the specific level of subluxation		
			Code to identify the specific level of subluxation. Level (or beginning level) of subluxation.		
	CR204	**1367**	**Level of Subluxation**	**O**	**ID 2/3**
			Code identifying the specific level of subluxation		
			Code to identify the specific level of subluxation. Ending level of subluxation.		
	CR205	**355**	**Unit of Time**	**X**	**ID 2/2**
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
			MO Months		
	CR206	**380**	**Treatment Months for this Series**	**X**	**R 1/15**
			Numeric value of quantity		
			Months involved in this series of treatments.		
	CR207	**380**	**Number of Treatments this Month**	**O**	**R 1/15**
			Numeric value of quantity		
			Number of treatments rendered to the patient during this current month.		
	CR208	**1342**	**Nature of Condition**	**O**	**ID 1/1**
			Code indicating the nature of a patient's condition		
			A code to indicate the nature of the patient's condition.		

| | **CR209** | **1073** | **Complication Indicator** | **O** | **ID 1/1** |

Code indicating a Yes or No condition or response

A code to indicate whether the Patient's condition is Complicated or Uncomplicated. A "Y" value indicates a complicated condition. An "N" value indicates an uncomplicated condition.

| N | No |
| Y | Yes |

| | **CR210** | **352** | **Symptoms Description** | **O** | **AN 1/80** |

A free-form description to clarify the related data elements and their content

Description of the patient's condition. A free form narrative field to submit the description of the patient's condition.

| | **CR211** | **352** | **Symptoms Description** | **O** | **AN 1/80** |

A free-form description to clarify the related data elements and their content

Description of the patient's condition. A free form narrative field to submit the description of the patient's condition.

| **X** | **CR212** | **1073** | **Yes/No Condition or Response Code** | **O** | **ID 1/1** |

Code indicating a Yes or No condition or response

	Segment:			**CRC** Ambulance Conditions		

Segment: **CRC** Ambulance Conditions

Position: 450
Loop: 2400 Mandatory
Level: Detail
Usage: Optional
Max Use: 3
Purpose: To supply information on conditions
Syntax Notes:
Semantic Notes: 1 CRC01 qualifies CRC03 thru CRC07.
2 CRC02 is a Certification Condition Code applies indicator. A `Y' value indicates the condition codes in CRC03 thru CRC07 apply. A `N' value indicates the condition codes in CRC03 thru CRC07 do not apply.
Comments:
Notes: A single occurrence of the CRC segment is used to send either conditions that apply or conditions that do not apply, but both cases cannot be sent simultaneously in the same CRC segment. If there is a need to send both conditions that apply and conditions that do not apply, separate CRC segments must be used.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes	
M	CRC01	1136	**Code Category**		M	**ID 2/2**
			Specifies the situation or category the code applies to			
			07	Ambulance Certification		
M	CRC02	1073	**Conditions Apply / Do Not Apply**		M	**ID 1/1**
			Code indicating a Yes or No condition or response			
			N	No		
			Y	Yes		
M	CRC03	1321	**Condition Indicator**		M	**ID 2/2**
			Code indicating a condition			
			01	Patient was admitted to a hospital		
			02	Patient was bed confined before the ambulance service		
			03	Patient was bed confined after the ambulance service		
			04	Patient was moved by stretcher		
			05	Patient was unconscious or in shock		
			06	Patient was transported in an emergency situation		
			07	Patient had to be physically restrained		
			08	Patient had visible hemorrhaging		
			09	Ambulance service was medically necessary		
	CRC04	1321	**Condition Indicator**		O	**ID 2/2**
			Code indicating a condition			
	CRC05	1321	**Condition Indicator**		O	**ID 2/2**
			Code indicating a condition			
	CRC06	1321	**Condition Indicator**		O	**ID 2/2**
			Code indicating a condition			
	CRC07	1321	**Condition Indicator**		O	**ID 2/2**
			Code indicating a condition			

Segment: **DTP** Service Date(s)

Position: 455
Loop: 2400   Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: 1   DTP02 is the date or time or period format that will appear in DTP03.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3

Code specifying type of date or time, or both date and time

		472	Service

Begin and end dates of the service being rendered

	Ref. Des.	Data Element	Name		Attributes
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3

Code indicating the date format, time format, or date and time format

D8   Date Expressed in Format CCYYMMDD

RD8   Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date

	Ref. Des.	Data Element	Name		Attributes
M	DTP03	1251	**Date(s) of Service**	M	AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

Segment:	**DTP** Acute Manisfestation Date				
Position:	455				
Loop:	2400	Mandatory			
Level:	Detail				
Usage:	Optional				
Max Use:	1				
Purpose:	To specify any or all of a date, a time, or a time period				
Syntax Notes:					
Semantic Notes:	1	DTP02 is the date or time or period format that will appear in DTP03.			
Comments:					

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes	
M	DTP01	374	**Date/Time Qualifier**		M	ID 3/3
			Code specifying type of date or time, or both date and time			
			453	Acute Manifestation of a Chronic Condition		
				Date serious symptoms were exhibited for a long term illness		
M	DTP02	1250	**Date Time Period Format Qualifier**		M	ID 2/3
			Code indicating the date format, time format, or date and time format			
			D8	Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Acute Manisfestation Date**		M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times			

			Segment:	**DTP** Initial Treatment Date

Segment: **DTP** Initial Treatment Date
Position: 455
Loop: 2400   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: 1   DTP02 is the date or time or period format that will appear in DTP03.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			454 Initial Treatment		
			Date medical treatment first began		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Initial Treatment Date**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		

| | | | Segment: | **DTP** Last X-Ray Date |

Segment: **DTP** Last X-Ray Date
Position: 455
Loop: 2400   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: 1   DTP02 is the date or time or period format that will appear in DTP03.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3

Code specifying type of date or time, or both date and time

     455   Last X-Ray

                Date of the most recent x-ray

M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3

Code indicating the date format, time format, or date and time format

     D8   Date Expressed in Format CCYYMMDD

M	DTP03	1251	**Last X-Ray Date**	M	AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

	Ref.	**Data**			

Segment: **DTP** HGB/HCT Date
Position: 455
Loop: 2400   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: 1   DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes: This is the date of the most recent hemoglobin test or the hemotocrit test or both.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	**ID 3/3**
			Code specifying type of date or time, or both date and time		
			Use ZZZ for HGB/HCT Date		
			ZZZ Mutually Defined		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	**ID 2/3**
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**HGB/HCT Date**	M	**AN 1/35**
			Expression of a date, a time, or range of dates, times or dates and times		

			Segment:	**DTP** Serum Creatinine Date

Segment: **DTP** Serum Creatinine Date
Position: 455
Loop: 2400   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: **1**   DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes: This is the date of the most recent serum creatinine test.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Serum Creatinine Test Date**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			119 Test Performed		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Serum Creatinine Date**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		

			Segment:	**MEA** Hemoglobin Test Results

Segment: **MEA** Hemoglobin Test Results
Position: 462
Loop: 2400   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify physical measurements or counts, including dimensions, tolerances, variances, and weights (See Figures Appendix for example of use of C001)
Syntax Notes:
1. At least one of MEA03 MEA05 MEA06 or MEA08 is required.
2. If MEA05 is present, then MEA04 is required.
3. If MEA06 is present, then MEA04 is required.
4. If MEA07 is present, then at least one of MEA03 MEA05 or MEA06 is required.
5. Only one of MEA08 or MEA03 may be present.

Semantic Notes:
1. MEA04 defines the unit of measure for MEA03, MEA05, and MEA06.

Comments:
1. When citing dimensional tolerances, any measurement requiring a sign (+ or -), or any measurement where a positive (+) value cannot be assumed, use MEA05 as the negative (-) value and MEA06 as the positive (+) value.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	MEA01	737	**TR - Test Results**	M	ID 2/2
			Code identifying the broad category to which a measurement applies		
M	MEA02	738	**R1 - Hemoglobin in grams**	M	ID 1/3
			Code identifying a specific product or process characteristic to which a measurement applies		
M	MEA03	739	**Hemoglobin Results**	M	R 1/20
			The value of the measurement		
X	MEA04	C001	**Composite Unit of Measure**	X	
			To identify a composite unit of measure (See Figures Appendix for examples of use)		
X	C00101	355	**Unit or Basis for Measurement Code**	M	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00102	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00103	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00104	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00105	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00106	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00107	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00108	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00109	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00110	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		

X	C00111	1018	**Exponent**	O	R 1/15

Power to which a unit is raised

X	C00112	649	**Multiplier**	O	R 1/10

Value to be used as a multiplier to obtain a new value

X	C00113	355	**Unit or Basis for Measurement Code**	O	ID 2/2

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

X	C00114	1018	**Exponent**	O	R 1/15

Power to which a unit is raised

X	C00115	649	**Multiplier**	O	R 1/10

Value to be used as a multiplier to obtain a new value

X	MEA05	740	**Range Minimum**	X	R 1/20

The value specifying the minimum of the measurement range

X	MEA06	741	**Range Maximum**	X	R 1/20

The value specifying the maximum of the measurement range

X	MEA07	935	**Measurement Significance Code**	O	ID 2/2

Code used to benchmark, qualify or further define a measurement value

X	MEA08	936	**Measurement Attribute Code**	X	ID 2/2

Code used to express an attribute response when a numeric measurement value cannot be determined

X	MEA09	752	**Surface/Layer/Position Code**	O	ID 2/2

Code indicating the product surface, layer or position that is being described

X	MEA10	1373	**Measurement Method or Device**	O	ID 2/4

The method or device used to record the measurement

Segment:	**MEA** Hematocrit Results		

Position: 462
Loop: 2400 Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify physical measurements or counts, including dimensions, tolerances, variances, and weights (See Figures Appendix for example of use of C001)

Syntax Notes:
1 At least one of MEA03 MEA05 MEA06 or MEA08 is required.
2 If MEA05 is present, then MEA04 is required.
3 If MEA06 is present, then MEA04 is required.
4 If MEA07 is present, then at least one of MEA03 MEA05 or MEA06 is required.
5 Only one of MEA08 or MEA03 may be present.

Semantic Notes:
1 MEA04 defines the unit of measure for MEA03, MEA05, and MEA06.

Comments:
1 When citing dimensional tolerances, any measurement requiring a sign (+ or -), or any measurement where a positive (+) value cannot be assumed, use MEA05 as the negative (-) value and MEA06 as the positive (+) value.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	MEA01	737	**TR - Test Results**	M	ID 2/2
			Code identifying the broad category to which a measurement applies		
M	MEA02	738	**R2 - Hematocrit percentage**	M	ID 1/3
			Code identifying a specific product or process characteristic to which a measurement applies		
M	MEA03	739	**Hematocrit Results**	M	R 1/20
			The value of the measurement		
X	MEA04	C001	**Composite Unit of Measure**	X	
			To identify a composite unit of measure (See Figures Appendix for examples of use)		
X	C00101	355	**Unit or Basis for Measurement Code**	M	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00102	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00103	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00104	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00105	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00106	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00107	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00108	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00109	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00110	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		

X	C00111	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00112	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00113	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00114	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00115	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	MEA05	740	**Range Minimum**	X	R 1/20
			The value specifying the minimum of the measurement range		
X	MEA06	741	**Range Maximum**	X	R 1/20
			The value specifying the maximum of the measurement range		
X	MEA07	935	**Measurement Significance Code**	O	ID 2/2
			Code used to benchmark, qualify or further define a measurement value		
X	MEA08	936	**Measurement Attribute Code**	X	ID 2/2
			Code used to express an attribute response when a numeric measurement value cannot be determined		
X	MEA09	752	**Surface/Layer/Position Code**	O	ID 2/2
			Code indicating the product surface, layer or position that is being described		
X	MEA10	1373	**Measurement Method or Device**	O	ID 2/4
			The method or device used to record the measurement		

Segment:		**MEA** Creatinine Result		

Position: 462
Loop: 2400   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify physical measurements or counts, including dimensions, tolerances, variances, and weights (See Figures Appendix for example of use of C001)
Syntax Notes:
1. At least one of MEA03 MEA05 MEA06 or MEA08 is required.
2. If MEA05 is present, then MEA04 is required.
3. If MEA06 is present, then MEA04 is required.
4. If MEA07 is present, then at least one of MEA03 MEA05 or MEA06 is required.
5. Only one of MEA08 or MEA03 may be present.

Semantic Notes:
1. MEA04 defines the unit of measure for MEA03, MEA05, and MEA06.

Comments:
1. When citing dimensional tolerances, any measurement requiring a sign (+ or -), or any measurement where a positive (+) value cannot be assumed, use MEA05 as the negative (-) value and MEA06 as the positive (+) value.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	MEA01	737	**TR - Test Results**	M	ID 2/2
			Code identifying the broad category to which a measurement applies		
M	MEA02	738	**R4 - Creatinine Result**	M	ID 1/3
			Code identifying a specific product or process characteristic to which a measurement applies		
M	MEA03	739	**Creatinine Results**	M	R 1/20
			The value of the measurement		
X	MEA04	C001	**Composite Unit of Measure**	X	
			To identify a composite unit of measure (See Figures Appendix for examples of use)		
X	C00101	355	**Unit or Basis for Measurement Code**	M	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00102	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00103	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00104	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00105	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00106	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00107	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00108	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00109	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00110	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		

X	C00111	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00112	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00113	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00114	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00115	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	MEA05	740	**Range Minimum**	X	R 1/20
			The value specifying the minimum of the measurement range		
X	MEA06	741	**Range Maximum**	X	R 1/20
			The value specifying the maximum of the measurement range		
X	MEA07	935	**Measurement Significance Code**	O	ID 2/2
			Code used to benchmark, qualify or further define a measurement value		
X	MEA08	936	**Measurement Attribute Code**	X	ID 2/2
			Code used to express an attribute response when a numeric measurement value cannot be determined		
X	MEA09	752	**Surface/Layer/Position Code**	O	ID 2/2
			Code indicating the product surface, layer or position that is being described		
X	MEA10	1373	**Measurement Method or Device**	O	ID 2/4
			The method or device used to record the measurement		

| | | | | Segment: | **MEA** Epoetin Therapy |

Segment: **MEA** Epoetin Therapy
Position: 462
Loop: 2400   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify physical measurements or counts, including dimensions, tolerances, variances, and weights (See Figures Appendix for example of use of C001)
Syntax Notes:
  1 At least one of MEA03 MEA05 MEA06 or MEA08 is required.
  2 If MEA05 is present, then MEA04 is required.
  3 If MEA06 is present, then MEA04 is required.
  4 If MEA07 is present, then at least one of MEA03 MEA05 or MEA06 is required.
  5 Only one of MEA08 or MEA03 may be present.
Semantic Notes:
  1 MEA04 defines the unit of measure for MEA03, MEA05, and MEA06.
Comments:
  1 When citing dimensional tolerances, any measurement requiring a sign (+ or -), or any measurement where a positive (+) value cannot be assumed, use MEA05 as the negative (-) value and MEA06 as the positive (+) value.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	MEA01	737	**OG - Original**	M	ID 2/2
			Code identifying the broad category to which a measurement applies		
M	MEA02	738	**R3 - Epoetin Dosage in Kilograms**	M	ID 1/3
			Code identifying a specific product or process characteristic to which a measurement applies		
M	MEA03	739	**Epoetin Starting Dosage**	M	R 1/20
			The value of the measurement		
X	MEA04	C001	**Composite Unit of Measure**	X	
			To identify a composite unit of measure (See Figures Appendix for examples of use)		
X	C00101	355	**Unit or Basis for Measurement Code**	M	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00102	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00103	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00104	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00105	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00106	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00107	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00108	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00109	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00110	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		

X	C00111	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00112	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00113	355	**Unit or Basis for Measurement Code**	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
X	C00114	1018	**Exponent**	O	R 1/15
			Power to which a unit is raised		
X	C00115	649	**Multiplier**	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	MEA05	740	**Range Minimum**	X	R 1/20
			The value specifying the minimum of the measurement range		
X	MEA06	741	**Range Maximum**	X	R 1/20
			The value specifying the maximum of the measurement range		
X	MEA07	935	**Measurement Significance Code**	O	ID 2/2
			Code used to benchmark, qualify or further define a measurement value		
X	MEA08	936	**Measurement Attribute Code**	X	ID 2/2
			Code used to express an attribute response when a numeric measurement value cannot be determined		
X	MEA09	752	**Surface/Layer/Position Code**	O	ID 2/2
			Code indicating the product surface, layer or position that is being described		
X	MEA10	1373	**Measurement Method or Device**	O	ID 2/4
			The method or device used to record the measurement		

Segment:		**REF** Line Item Control Number		

Position: 470
Loop: 2400   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying numbers.
Syntax Notes: 1   At least one of REF02 or REF03 is required.
Semantic Notes:
Comments:

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Data Element Summary

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	Ref. Des.	Data Element	Name	Attributes	
M	REF01	128	**Reference Number Qualifier**	M	ID 2/3
			Code qualifying the Reference Number.		
			FJ Line Item Control Number		
			A unique number assigned to each charge line used for tracking purposes		
M	REF02	127	**Line Item Control Number**	M	AN 1/30
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.		
X	REF03	352	**Description**	X	AN 1/80
			A free-form description to clarify the related data elements and their content		

Segment: # REF Mammography Certification Number

Position: 470
Loop: 2400   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying numbers.
Syntax Notes: 1   At least one of REF02 or REF03 is required.
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	**Reference Number Qualifier**	M	ID 2/3

Code qualifying the Reference Number.

        EW   Mammography Certification Number

                    Health Care Financing Administration assigned certification number of the certified mammography screening center

M	REF02	127	**Mammography Certification Number**	M	AN 1/30

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.

X	REF03	352	**Description**	X	AN 1/80

A free-form description to clarify the related data elements and their content

Segment:	**REF** CLIA Number		
Position:	470		
Loop:	2400	Mandatory	
Level:	Detail		
Usage:	Conditional		
Max Use:	1		
Purpose:	To specify identifying numbers.		
Syntax Notes:	1	At least one of REF02 or REF03 is required.	
Semantic Notes:			
Comments:			
Notes:	Required for clinical lab services		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	REF01	128	**Reference Number Qualifier**	M ID 2/3
			Code qualifying the Reference Number.	
			X4 Clinical Laboratory Improvement Amendment Number	
M	REF02	127	**CLIA Number**	M AN 1/30
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.	
X	REF03	352	**Description**	X AN 1/80
			A free-form description to clarify the related data elements and their content	

			Segment:	**AMT** Paid Amount

Segment: **AMT** Paid Amount

Position: 475
Loop: 2400   Mandatory
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To indicate the total monetary amount
Syntax Notes:
Semantic Notes:
Comments:
Notes: Required when patient has other insurance, including Medicare Part B.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	AMT01	522	**Amount Qualifier Code**	M	ID 1/2
			Code to qualify amount		
			D Payor Amount Paid		
M	AMT02	782	**Paid Amount**	M	R 1/15
			Monetary amount		
			The amount paid by the Payer on this service.		
X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment:		**AMT** Allowed Amount			
Position:		475			
Loop:		2400	Mandatory		
Level:		Detail			
Usage:		Conditional			
Max Use:		1			
Purpose:		To indicate the total monetary amount			
Syntax Notes:					
Semantic Notes:					
Comments:					

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	AMT01	522	**Amount Qualifier Code**	M	ID 1/2

Code to qualify amount

	B6	Allowed - Actual

Amount considered for payment under the provisions of the contract

M	AMT02	782	**Allowed Amount**	M	R 1/15

Monetary amount

The maximum amount determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.

X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1

Code indicating whether amount is a credit or debit

Segment:		**AMT** Deductible Amount			

Segment: **AMT** Deductible Amount
Position: 475
Loop: 2400   Mandatory
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To indicate the total monetary amount
Syntax Notes:
Semantic Notes:
Comments:
Notes: Required when patient has other insurance, including Medicare Part B.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AMT01	522	**Amount Qualifier Code**	M	ID 1/2
			Code to qualify amount		
			D2 Deductible Amount		
			The amount of covered expenses that must be incurred by the insured before benefits become payable to the insurer		
M	AMT02	782	**Deductible Amount**	M	R 1/15
			Monetary amount		
			This is the amount applied to deductible by this payer. The amount deducted, by the payer, from the allowed amount in order to meet the contract "deductible" provisions.		
X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment: **AMT** Co-Insurance Amount
Position: 475
Loop: 2400   Mandatory
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To indicate the total monetary amount
Syntax Notes:
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	AMT01	522	**Amount Qualifier Code**	M	ID 1/2

Code to qualify amount

     B9   Co-insurance - Actual

                 Calculated value still to be paid by the individual under the co-insurance provisions of the benefit contract

	Ref. Des.	Data Element	Name	Attributes	
M	AMT02	782	**Co-Insurance Amount**	M	R 1/15

Monetary amount

The amount determined by the payer as the patient's responsibility.

	Ref. Des.	Data Element	Name	Attributes	
X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1

Code indicating whether amount is a credit or debit

<table>
<tr><td rowspan="2"></td><td>**Segment:**</td><td colspan="2">**AMT** **Disallowed Cost Containment**</td></tr>
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Segment: **AMT** **Disallowed Cost Containment**
Position: 475
Loop: 2400   Mandatory
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To indicate the total monetary amount
Syntax Notes:
Semantic Notes:
Comments:
Notes: Required when patient has other insurance, including Medicare Part B.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AMT01	522	**Amount Qualifier Code**	M ID 1/2

Code to qualify amount

Amount disallowed by the payer due to the failure of either the provider of insured to met the cost containment provisions of the insurance contract, managed care contract or preferred provider organization contract under which payment has been requested for this claim.

     C9   Disallowed Cost Containment - Actual

           Amount disallowed by the payer due to the failure of either the provider or insured to meet the cost containment provisions of the insurance contract, managed care contract or preferred provider organization contract under which payment has been requested for this claim

M	AMT02	782	**Disallowed Cost Containment**	M R 1/15

Monetary amount

The portion of line charges disallowed by the payer due to the failure of either the provider or insured to meet the cost containment provisions of the insurance contract, managed contract, or PPO contract under which payment has been requested for this claim.

X	AMT03	478	**Credit/Debit Flag Code**	O ID 1/1

Code indicating whether amount is a credit or debit

Segment:		**AMT** Disallowed Other			

Segment: **AMT** Disallowed Other

Position: 475
Loop: 2400   Mandatory
Level: Detail
Usage: Conditional
Max Use: 1
Purpose: To indicate the total monetary amount
Syntax Notes:
Semantic Notes:
Comments:
Notes: Required when patient has other insurance, including Medicare Part B.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	**AMT01**	**522**	**Amount Qualifier Code**	**M**	**ID 1/2**
			Code to qualify amount		
			A6 Disallowed - Actual		
			Calculated value rejected to the individual		
M	**AMT02**	**782**	**Disallowed Other**	**M**	**R 1/15**
			Monetary amount		
			The portion of line charges disallowed by the payer for reasons OTHER than the failure of the provider or insured to meet the cost containment of the insurance contract, managed care contract, or PPO contract under which payment has been requested for this claim.		
X	**AMT03**	**478**	**Credit/Debit Flag Code**	**O**	**ID 1/1**
			Code indicating whether amount is a credit or debit		

			Segment:	**AMT** Obligated to Accept
			Position:	475
			Loop:	2400 Mandatory
			Level:	Detail
			Usage:	Optional
			Max Use:	1
			Purpose:	To indicate the total monetary amount
			Syntax Notes:	
			Semantic Notes:	
			Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	AMT01	522	**Amount Qualifier Code**	M	ID 1/2
			Code to qualify amount		
			CT Contract		
			Indicates the value stated in the contract		
M	AMT02	782	**Obligated to Accept**	M	R 1/15
			Monetary amount		
			The amount the provider agreed to accept as payment in full under the provisions of the contract.		
X	AMT03	478	**Credit/Debit Flag Code**	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment: # NTE Extra Narrative Data

Position:	485
Loop:	2400 Mandatory
Level:	Detail
Usage:	Optional
Max Use:	4
Purpose:	To convey additional narrative data that cannot be encoded in the SV1 segement.
Syntax Notes:	
Semantic Notes:	
Comments:	1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
	NTE01	363	**Note Reference Code**	O	ID 3/3
			Code identifying the functional area or purpose for which the note applies		
			ADD Additional Information		
M	NTE02	352	**Description**	M	AN 1/80
			A free-form description to clarify the related data elements and their content		

				Segment:	**PS1** Purchase Service

Segment: **PS1** Purchase Service
Position: 490
Loop: 2400   Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the information about services that are purchased
Syntax Notes:
Semantic Notes:
1   PS101 is provider identification number.
2   PS102 is cost of the purchased service.
3   PS103 is the state where the service is purchased.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	PS101	127	**Purchase Service Provider Identification**	M	AN 1/30

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.
The provider number of the entity from which service was purchased.

M	PS102	782	**Purchase Service Charge**	M	R 1/15

Monetary amount

The net cost for the purchased service.

X	PS103	156	**State or Province Code**	O	ID 2/2

Code (Standard State/Province) as defined by appropriate government agency

Segment:	**LS** Loop Header
Position:	495
Loop:	2400 Mandatory
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To indicate that the next segment begins a loop
Syntax Notes:	
Semantic Notes:	1 One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with "LE", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.
Comments:	1 See Figures Appendix for an explanation of the use of the LS and LE segments.
Notes:	This segment MUST be used once, and only once, if NM1 at position 500 is used, regardless of the number of repetitions of loop 2420-2425.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	LS01	447	**Loop Identifier Code**	M AN 1/4

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE
Use 2420

	Segment:	**NM1** Referring Provider Name	
	Position:	500	
	Loop:	2420	Optional
	Level:	Detail	
	Usage:	Optional	
	Max Use:	1	
	Purpose:	To supply the full name of an individual or organizational entity	
	Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.	
	Semantic Notes:	1 NM102 qualifies NM103.	
	Comments:		

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	Entity Identifier Code	M	ID 2/2
			Code identifying an organizational entity, a physical location, or an individual		
			DN Referring Provider		
M	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			1 Person		
	NM103	1035	Referring Provider Last Name	O	AN 1/35
			Individual last name or organizational name		
	NM104	1036	Referring Provider First Name	O	AN 1/25
			Individual first name		
	NM105	1037	Referring Provider Middle Initial	O	AN 1/25
			Individual middle name or initial		
X	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
X	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
	NM108	66	Identification Code Qualifier	X	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
			24 Employer's Identification Number		
			34 Social Security Number		
			ZZ Mutually Defined		
			National Provider Identifier		
	NM109	67	Referring Provider ID	X	AN 2/20
			Code identifying a party or other code		
			The ID must contain the National Provider Identifier (NPI) once it is implemented.		

Segment:		**N4** Referring Provider City, ST and ZIP			

Position: 520
Loop: 2420   Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1   If N406 is present, then N405 is required.
Semantic Notes:
Comments: 1   A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
             2   N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
	N401	**19**	**Referring Provider City**	**O**	**AN 2/30**
			Free-form text for city name		
	N402	**156**	**Referring Provider State**	**O**	**ID 2/2**
			Code (Standard State/Province) as defined by appropriate government agency		
	N403	**116**	**Referring Provider ZIP**	**O**	**ID 3/11**
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
X	**N404**	**26**	**Country Code**	**O**	**ID 2/3**
			Code identifying the country		
X	**N405**	**309**	**Location Qualifier**	**X**	**ID 1/2**
			Code identifying type of location		
X	**N406**	**310**	**Location Identifier**	**O**	**AN 1/30**
			Code which identifies a specific location		

Segment: # REF Referring Provider Medicaid ID
Position: 525
Loop: 2420 Optional
Level: Detail
Usage: Optional
Max Use: 20
Purpose: To specify identifying numbers.
Syntax Notes: 1 At least one of REF02 or REF03 is required.
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	REF01	128	**Reference Number Qualifier**	M	ID 2/3
			Code qualifying the Reference Number.		
			1D Medicaid Provider Number		
M	REF02	127	**Reference Number**	M	AN 1/30
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.		
X	REF03	352	**Description**	X	AN 1/80
			A free-form description to clarify the related data elements and their content		

	Segment:	**NM1** Rendering Provider Name
	Position:	500
	Loop:	2421 Optional
	Level:	Detail
	Usage:	Optional
	Max Use:	1
	Purpose:	To supply the full name of an individual or organizational entity
	Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
	Semantic Notes:	1 NM102 qualifies NM103.
	Comments:	
	Notes:	For Medicaid, the billing provider is considered the rendering provider, so this loop is not needed.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	ID 2/2
			Code identifying an organizational entity, a physical location, or an individual		
			82 Rendering Provider		
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1
			Code qualifying the type of entity		
			1 Person		
	NM103	1035	**Rendering Provider Last Name**	O	AN 1/35
			Individual last name or organizational name		
	NM104	1036	**Rendering Provider First Name**	O	AN 1/25
			Individual first name		
	NM105	1037	**Rendering Provider Middle Initial**	O	AN 1/25
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	AN 1/10
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	AN 1/10
			Suffix to individual name		
	NM108	66	**Identification Code Qualifier**	C	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
			24 Employer's Identification Number		
			34 Social Security Number		
			ZZ Mutually Defined		
			National Provider Identifier		
	NM109	67	**Rendering Provider ID**	C	AN 2/20
			Code identifying a party or other code		
			The ID must contain the National Provider Identifier (NPI) once it is implemented.		

Segment:	**REF** Rendering Provider Medicaid ID			

Segment: **REF** Rendering Provider Medicaid ID

Position: 525

Loop: 2421 Optional

Level: Detail

Usage: Optional

Max Use: 20

Purpose: To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	**Reference Number Qualifier**	M	ID 2/3
			Code qualifying the Reference Number.		
			1D Medicaid Provider Number		
	REF02	127	**Reference Number**	X	AN 1/30
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.		
	REF03	352	**Description**	X	AN 1/80
			A free-form description to clarify the related data elements and their content		

	Segment:	**NM1** Purchased Service Provider Name
	Position:	500
	Loop:	2422 Conditional
	Level:	Detail
	Usage:	Conditional
	Max Use:	1
	Purpose:	To supply the full name of an individual or organizational entity
	Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
	Semantic Notes:	1 NM102 qualifies NM103.
	Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	ID 2/2
			Code identifying an organizational entity, a physical location, or an individual		
			QB Purchase Service Provider		
			Entity from which medical supplies may be bought		
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1
			Code qualifying the type of entity		
			2 Non-Person Entity		
	NM103	1035	**Purchased Service Provider Name**	O	AN 1/35
			Individual last name or organizational name		
X	NM104	1036	**First Name**	O	AN 1/25
			Individual first name		
X	NM105	1037	**Middle Initial**	O	AN 1/25
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	AN 1/10
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	AN 1/10
			Suffix to individual name		
X	NM108	66	**Identification Code Qualifier**	C	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
			24 Employer's Identification Number		
			34 Social Security Number		
			ZZ Mutually Defined		
X	NM109	67	**Rendering Provider ID**	C	AN 2/20
			Code identifying a party or other code		
			The ID must contain the National Provider Identifier (NPI) once it is implemented.		

Segment: **N3** **Purchased Service Provider Address**
Position: 514
Loop: 2422   Conditional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:

<p align="center">Data Element Summary</p>

	Ref. Des.	Data Element	Name	Attributes	
M	N301	166	**Purchased Service Provider Street Address - 1**	M	AN 1/35
			Address information		
	N302	166	**Purchased Service Provider Street Address - 2**	O	AN 1/35
			Address information		

	Segment:	**N4** Purchased Service Provider City, ST, and ZIP

Segment: **N4** Purchased Service Provider City, ST, and ZIP

Position: 520
Loop: 2422   Conditional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1   If N406 is present, then N405 is required.
Semantic Notes:
Comments: 1   A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2   N402 is required only if city name (N401) is in the USA or Canada.

<div align="center">

Data Element Summary

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	Ref. Des.	Data Element	Name	Attributes	
	N401	19	**Purchased Service Provider City**	O	**AN 2/30**
			Free-form text for city name		
	N402	156	**Purchased Service Provider State**	O	**ID 2/2**
			Code (Standard State/Province) as defined by appropriate government agency		
			See Appendix B for State Abbreviation Codes		
	N403	116	**Purchased Service Provider ZIP**	O	**ID 3/11**
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
X	N404	26	**Country Code**	O	**ID 2/3**
			Code identifying the country		
X	N405	309	**Location Qualifier**	X	**ID 1/2**
			Code identifying type of location		
X	N406	310	**Location Identifier**	O	**AN 1/30**
			Code which identifies a specific location		

	Segment:	**PER** Purchased Service Provider Telephone

Segment: **PER** Purchased Service Provider Telephone
Position: 530
Loop: 2422   Conditional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To identify a person or office to whom administrative communications should be directed
Syntax Notes: 1   If either PER03 or PER04 is present, then the other is required.
             2   If either PER05 or PER06 is present, then the other is required.
             3   If either PER07 or PER08 is present, then the other is required.
Semantic Notes:
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	PER01	366	**Contact Function Code**	M	ID 2/2
			Code identifying the major duty or responsibility of the person or group named		
			SU Supplier Contact		
X	PER02	93	**Name**	O	AN 1/35
			Free-form name		
	PER03	365	**Communication Number Qualifier**	X	ID 2/2
			Code identifying the type of communication number		
			TE Telephone		
	PER04	364	**Communication Number**	X	AN 1/80
			Complete communications number including country or area code when applicable		
			Purchased Service Provider Telephone		
X	PER05	365	**Communication Number Qualifier**	X	ID 2/2
			Code identifying the type of communication number		
X	PER06	364	**Communication Number**	X	AN 1/80
			Complete communications number including country or area code when applicable		
X	PER07	365	**Communication Number Qualifier**	X	ID 2/2
			Code identifying the type of communication number		
X	PER08	364	**Communication Number**	X	AN 1/80
			Complete communications number including country or area code when applicable		
X	PER09	443	**Contact Inquiry Reference**	O	AN 1/20
			Additional reference number or description to clarify a contact number		

	Ref.	**Data**			

Segment:	**NM1** Supervising Provider Name
Position:	500
Loop:	2423 Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply the full name of an individual or organizational entity
Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
Semantic Notes:	1 NM102 qualifies NM103.
Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	**ID 2/2**
			Code identifying an organizational entity, a physical location, or an individual		
			DQ Supervising Physician		
M	NM102	1065	**Entity Type Qualifier**	M	**ID 1/1**
			Code qualifying the type of entity		
			1 Person		
	NM103	1035	**Supervising Provider Last Name**	O	**AN 1/35**
			Individual last name or organizational name		
	NM104	1036	**Supervising Provider First Name**	O	**AN 1/25**
			Individual first name		
	NM105	1037	**Supervising Provider Middle Initial**	O	**AN 1/25**
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	**AN 1/10**
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	**AN 1/10**
			Suffix to individual name		
	NM108	66	**Identification Code Qualifier**	C	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			24 Employer's Identification Number		
			34 Social Security Number		
			ZZ Mutually Defined		
			National Provider Identifier		
	NM109	67	**Rendering Provider ID**	C	**AN 2/20**
			Code identifying a party or other code		
			The ID must contain the National Provider Identifier (NPI) once it is implemented.		

			Segment:	**NM1** Ordering Provider Name

Segment: **NM1** Ordering Provider Name

Position: 500
Loop: 2424   Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1   If either NM108 or NM109 is present, then the other is required.
Semantic Notes: 1   NM102 qualifies NM103.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	**ID 2/2**
			Code identifying an organizational entity, a physical location, or an individual		
			DK Ordering Physician		
M	NM102	1065	**Entity Type Qualifier**	M	**ID 1/1**
			Code qualifying the type of entity		
			1 Person		
	NM103	1035	**Ordering Provider Last Name**	O	**AN 1/35**
			Individual last name or organizational name		
	NM104	1036	**Ordering Provider First Name**	O	**AN 1/25**
			Individual first name		
	NM105	1037	**Ordering Provider Middle Initial**	O	**AN 1/25**
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	**AN 1/10**
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	**AN 1/10**
			Suffix to individual name		
	NM108	66	**Identification Code Qualifier**	C	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			24 Employer's Identification Number		
			34 Social Security Number		
			ZZ Mutually Defined		
			National Provider Identifier		
	NM109	67	**Rendering Provider ID**	C	**AN 2/20**
			Code identifying a party or other code		
			The ID must contain the National Provider Identifier (NPI) once it is implemented.		

	Segment:	**N4** Ordering Provider State

Segment: **N4** Ordering Provider State

Position: 520
Loop: 2424   Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1   If N406 is present, then N405 is required.
Semantic Notes:
Comments: 1   A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
         2   N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
X	N401	19	**Provider City**	O	**AN 2/30**
			Free-form text for city name		
	N402	156	**Ordering Provider State**	O	**ID 2/2**
			Code (Standard State/Province) as defined by appropriate government agency		
			See Appendix B for State Abbreviation Codes		
X	N403	116	**Provider ZIP**	O	**ID 3/11**
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
X	N404	26	**Country Code**	O	**ID 2/3**
			Code identifying the country		
X	N405	309	**Location Qualifier**	X	**ID 1/2**
			Code identifying type of location		
X	N406	310	**Location Identifier**	O	**AN 1/30**
			Code which identifies a specific location		

	Segment:	**NM1** Ambulance EMT or Paramedic Name		

Segment:	**NM1** Ambulance EMT or Paramedic Name
Position:	500
Loop:	2425 Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply the full name of an individual or organizational entity
Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
Semantic Notes:	1 NM102 qualifies NM103.
Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	ID 2/2
			Code identifying an organizational entity, a physical location, or an individual		
			Use ZZ for Ambulance EMT or Paramedic Name		
			ZZ Mutually Defined		
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1
			Code qualifying the type of entity		
			1 Person		
	NM103	1035	**Ambulance EMT or Paramedic Last Name**	O	AN 1/35
			Individual last name or organizational name		
	NM104	1036	**Ambulance EMT or Paramedic First Name**	O	AN 1/25
			Individual first name		
	NM105	1037	**Ambulance EMT or Paramedic Middle Initial**	O	AN 1/25
			Individual middle name or initial		
X	NM106	1038	**Name Prefix**	O	AN 1/10
			Prefix to individual name		
X	NM107	1039	**Name Suffix**	O	AN 1/10
			Suffix to individual name		
	NM108	66	**Identification Code Qualifier**	C	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
			24 Employer's Identification Number		
			34 Social Security Number		
			ZZ Mutually Defined		
			National Provider Identifier		
	NM109	67	**Ambulance EMT or Paramedic ID**	C	AN 2/20
			Code identifying a party or other code		
			The ID must contain the National Provider Identifier (NPI) once it is implemented.		

	Segment:	**LE** Loop Trailer
	Position:	535
	Loop:	2400 Mandatory
	Level:	Detail
	Usage:	Optional
	Max Use:	1
	Purpose:	To indicate that the loop immediately preceding this segment is complete
	Syntax Notes:	
	Semantic Notes:	**1** One loop may be nested contained within another loop, provided the inner nested loop terminates before the other loop. When specified by the standards setting body as mandatory, this segment in combination with "LS", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop beginning segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.
	Comments:	**1** See Figures Appendix for an explanation of the use of the LE and LS segments.
	Notes:	This segment MUST be used once, and only once, if NM1 at position 500 is used, regardless of the number of repetitions of loop 2420-2425.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	**LE01**	**447**	**Loop Identifier Code**	**M AN 1/4**

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

Use 2420

	Segment:	**SE** Transaction Set Trailer
	Position:	555
	Loop:	
	Level:	Detail
	Usage:	Mandatory
	Max Use:	1
	Purpose:	To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).
	Syntax Notes:	
	Semantic Notes:	
	Comments:	1 SE is the last segment of each transaction set.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	SE01	96	**Number of Included Segments**	M	N0 1/10
			Total number of segments included in a transaction set including ST and SE segments		
M	SE02	329	**Transaction Set Control Number**	M	AN 4/9
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set This value must match the value provided in ST02.		